

NORTH WINDHAM UNION CHURCH, UNITED CHURCH OF CHRIST

Facilities Request Form

Individual/Organization: _____	Event Date/Time frame _____
Key contact: _____	Est. # attendance _____
Best contact method: Phone () _____	Email: _____
Address: _____	RENTAL FEE: \$ _____ N/A ____
<div style="display: flex; justify-content: space-between;"> Street City State Zip </div>	CUSTODIAN \$ _____ N/A ____

Facility (ies) requested: <input type="checkbox"/> Sanctuary <input type="checkbox"/> Main Floor <input type="checkbox"/> Balcony <input type="checkbox"/> Parish Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Room	Services requested: <input type="checkbox"/> Minister <input type="checkbox"/> Organist <input type="checkbox"/> Custodian <input type="checkbox"/> Sound System	Key # Key returned: Y N N/A Temporary Code: Y N N/A If non-profit Proof required: 501c3 _____
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\$500,000.00 Commercial General Liability Insurance Certificate Required Y N Received _____

- Facility fees, if applicable, are payable to North Windham Union Church.
- 50% deposit required for confirmation of rental.
- Outstanding balance due 14 days prior to event.
- Deposit shall be forfeited if event is cancelled less than 14 days prior to date of the event.
- All facilities are **alcohol free, drug free and smoke free**.
- Minister, Organist, and Custodial fees are paid directly to them.
- The contact person named above is responsible for leaving the facility in the condition found. All windows closed; all lights turned off; all doors locked at completion. All trash removed, inside and outside on the premises.
- If there are any cancellations or changes in the time and/or date allotted, you **MUST** notify the church office immediately; any additional time must be approved by the church.

I understand the contract requirements with the North Windham Union Church, UCC and agree to pay all fees required at the time reservation of the facilities and services are confirmed. I will take all responsibility for damages and disarray that may occur as stated.

Signature	Date
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Parish Administrator	Date
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