

Please provide notice at least 7 days prior to the event.

The building closes at 9:00 pm. Saturday or Sunday events require special approval

Building Use Request Application

First Presbyterian Church

321 W. South Street • Kalamazoo, MI 49007

Phone: (269) 344-0119 Fax: (269) 344-4645

_____ Date

Name of Group/Individual _____

Address _____ Daytime Phone _____ E-mail _____

Contact Person _____ Evening Phone _____

Date(s) Requested: _____ - _____ Day of week _____

If regular meeting: _____ Weekly or _____ Monthly Usage by non-profit group: Yes _____ No _____

If used by non-profit organization, a copy of the organization's proof of insurance must be provided and an Indemnification Agreement signed.

Event Time: _____ - _____ (doors open to public/invited guests) Set-up Time: _____ - _____ (Total time building needs to occupied)

Room(s) Requested _____ Size of Group _____

Are you charging admission? _____ How much? _____

Additional Information _____

Purpose of Use: *(Please describe in space below and be specific and include a mission statement from the organization)*

Additional Information

Setup and meeting requirements

_____ Chairs _____ Tables _____ Sanctuary Stage** _____ Dining Room Stage** _____ Lectern

_____ Piano _____ TV _____ DVD _____ Google Chromecast _____ Projector _____ Screen

_____ Microphone _____ Easel _____ Erasable Board _____ Sanctuary Sound** (Sound Tech required in Sanctuary)

_____ Live Stream* _____ Recording* _____ Sound Tech* _____ Organ

Other (be specific) _____

No church-owned equipment or furnishings can be removed from church buildings unless specifically approved by the pastor or head of staff.

Food/Beverage request: _____ Water _____ Coffee _____ Decaf _____ Hot Water _____ Tea bags

Will a meal be served: _____ Yes** _____ No If yes, who is responsible _____

Is the kitchen to be used? _____ Dishes**? _____ Tablecloths**? _____ Will cooking be at our facility? _____

Please Complete Room Set-Up Information On Reverse Side

For Church Staff Use Only: Date Request Received _____ Date Use Approved _____

***Additional Charge / **Maybe an Additional Charge**

Return to Operations Coordinator Kelly Short.

Room Layout

(Please be specific – indicate doors and direction of seating)

Fee Schedule

_____ Custodial Service _____ Kitchen Supervisor _____ Piano Moving/Tuning _____ Kitchen Fee
_____ Coffee/beverage Fee _____ Room Fee

Authorization

Person signing below has read, and agrees to, the aforementioned conditions and has authority to enter into this agreement for the organization/individual.

Organization/Individual Contact Person

Signature of Group/Individual _____

First Presbyterian Church Authorization

_____ Date of Approval

Pastor or Designee

This approval is for a maximum time of one calendar year. Renewal is not automatic, and application must be completed again by group/individual.