

**BETHPAGE PRESBYTERIAN CHURCH
REQUEST FOR USE OF CHURCH FACILITIES**

NOTE: Any request for use of church facilities and/or grounds must be made AT LEAST 2 WEEKS in advance of the requested function date and prior to the scheduled Session Meeting for the month, to allow approval to be granted. Requests from Non-Members not accepted more than 6 months in advance of event or less than 2 weeks prior to event.

**REQUEST MUST BE COMPLETED/SIGNED AND E-MAILED TO THE CHURCH OFFICE (info@bethpagechurch.org)
BEFORE APPROVAL PROCESS MAY BEGIN**

ORGANIZATION INFORMATION		Date of Request:
Name/Organization:		Date Use Requested:
Type of Organization:	<input type="checkbox"/> BPC Group <input type="checkbox"/> BPC Member - Personal Use	<i>If Requesting Multiple Dates, LIST ON BACK</i>
	<input type="checkbox"/> BPC Member - Outreach Ministry <input type="checkbox"/> Non-Member <input type="checkbox"/> Latin Mission Christ Savior	

PERSON MAKING REQUEST (Contact Information)

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email: _____	Text to Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EVENT INFORMATION *If Requesting Recurring or Multiple Dates, LIST ON BACK*

Purpose of Event:		Require Someone to: <input type="checkbox"/> Open Building <input type="checkbox"/> Close Building
Event Set-Up/Preparation	Actual Event Time:	Event Clean-Up: <i>(Finished & Out of Building)</i>
Date: _____ (mm/dd/yy)	Date: _____ (mm/dd/yy)	
Time In: _____ AM PM	Time In: _____ AM PM	
Time Out: _____ AM PM	Time Out: _____ AM PM	Time Out: _____ AM PM
Number of People	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-300 (Fellowship Hall Seating for 200 only)	
Attending Event:	<input type="checkbox"/> 300-350 (Sanctuary Only) <input type="checkbox"/> 1-20 Session House (Members Only)	

IMPACT FEES (Based on Per Event and Includes Set-Up/Clean-Up Time)

- 1) BPC Worship Events or Outreach Ministries of the church shall not be charged an Impact Fee.
- 2) Fees Apply to Non-Members
- 3) Additional Fees May Apply for Multiple Days
- 4) Fees for Weddings Are Addressed in the BPC Wedding Policy & Guidelines

FEE BASED ON EVENT ATTENDANCE

<input type="checkbox"/> 1 - 49 People ... \$50	<input type="checkbox"/> 50 - 99 People ... \$100	<input type="checkbox"/> 100 - 350 People ... \$300
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STAFFING FEES	OTHER SERVICES
<input type="checkbox"/> Custodial Fees ... \$75 Flat Fee	<input type="checkbox"/> Kitchen Supervisor \$35 <input type="checkbox"/> Facilities Coordinator \$35 <input type="checkbox"/> Sound Technician \$35 } Optional Services Fees are for a minimum of 3 hours. Each additional hour is charged at \$10/hour rate.

OTHER SERVICES may be required. Please see the BPC Policy & Procedure Brochure for details.

AREAS OF USE REQUESTED

<input type="checkbox"/> Fellowship Hall (seats 200)	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Session Room (members only)	<input type="checkbox"/> Sanctuary (max. 350)
<input type="checkbox"/> Classroom(s)	<input type="checkbox"/> Pavilion	<input type="checkbox"/> Field/Playground	<input type="checkbox"/> 1-20 Session House (Members Only)

FOOD (Please Mark All That Apply)

Refreshments Seated Meal Catered Prepared Food Brought In Cooked on Premises

If you do not have a known professional caterer, you must have an authorized person present when using the kitchen equipment. Arrangements for this person must be made through the Facilities Coordinator at the time of making reservations for the event.

By N.C. state law, persons under the age of 18 may not operate kitchen equipment.

EQUIPMENT/SUPPLIES REQUESTED	<i>* May Require Technical Support</i>	MEMBERS ONLY
<input type="checkbox"/> Tables: 5' Rounds - Seats Max 8 (24)	<input type="checkbox"/> TV/VCR	<input type="checkbox"/> Linens: 5' Round White
<input type="checkbox"/> Tables: 8' Banquet (3)	<input type="checkbox"/> Projector/Screen *	<input type="checkbox"/> Linens: 5' Round Red/White
<input type="checkbox"/> Tables: 42" Square (3)	<input type="checkbox"/> Easel (Pad Not Provided)	<input type="checkbox"/> Linens: 8' Banquet White
<input type="checkbox"/> Chairs:	<input type="checkbox"/> Microphones *	See Facilities Coordinator for Other Linens

TECHNICAL SUPPORT REQUESTED

Sound System (*BPC Sound Technician is Required to Operate Sound System . Staffing Fees Above.*)

I/we have read the Bethpage Presbyterian Church Request For Use of Church Facilities Policies and Requirements and Impact and Usage Fees.
and I/we agree to abide by same if I/we are approved for use of the facilities as described above.
I/we will make every effort to ensure that my/our organization and guests comply with the usage policy.

Additionally,

User agrees to hold harmless, indemnify and defend Owner (including Owner's agents, employees, and representatives) from any and all liability for injury or damage including but not limited to bodily injury, personal injury, emotional injury, or property damage which may result from any person using the above described premises, its entrances and exits, and surrounding areas, for User's purposes, regardless of whether such injury or damage results from the negligence of the Owner (including Owner's agents, employees and representatives) or otherwise.

*Impact Fees are to be paid within 5 BUSINESS DAYS preceding the event via check made payable to Bethpage Presbyterian Church.
Staffing Fees (3-Hour Minimum) are to be PAID VIA SEPARATE CHECKS WITHIN 5 BUSINESS DAYS preceding event , and given to the church's Business Administrator. The Facilities Coordinator will advise you the Staff names to whom each check should be made payable. Any Staffing fee exceeding the 3-hour minimum must be paid at the time of the event, or via invoice.*

Applicant's Signature: _____	Date: _____
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OFFICE USE:

Session Approval (DATE _____) Communications Business Admin Property Sound Tech Custodian Fellowship

REQUEST FOR USE OF CHURCH FACILITIES
RECURRING OR MULTIPLE EVENT DATES

EVENT INFORMATION

REMINDER, DON'T FORGET TO FILL OUT REQUIRED INFORMATION ON FRONT SIDE OF FORM

<i>DAY</i>	<i>DATE OF EVENT</i>	<i>TIME IN:</i>	<i>TIME OUT:</i>
		Time In: _____ AM PM	Time Out: _____ AM PM
		Time In: _____ AM PM	Time Out: _____ AM PM
		Time In: _____ AM PM	Time Out: _____ AM PM
		Time In: _____ AM PM	Time Out: _____ AM PM
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Complete form, save, and email as an attachment to info@bethpagechurch.org to submit your request for approval.