



Covenant Presbyterian Church
 3131 Walton Way, Augusta, GA 30909
 706-733-0513

FACILITIES USE APPLICATION

Date: _____ Name: _____
 (Individual responsible, please print)

Organization: _____

Address: _____ Zip _____

Phone: _____ Email: _____

Room(s) requested: _____ Activity Center _____ Classroom/Meeting Room (Room # _____)
 _____ Fellowship Hall _____ Kitchen
 _____ Parlor _____ Playground
 _____ Sanctuary

Frequency: ___ One time only ___ Weekly ___ Monthly ___ Other (specify) _____

Date(s) needed: _____

Time of event: _____ Time of Arrival: _____ Time of Departure: _____
 (including set-up, clean-up)

Activity/Use: (Describe) _____

Number of participants: _____

Will you be charging a fee for your activity? _____ No _____ Yes. If so, how much? _____ *

*If you are charging for your event, Covenant Presbyterian Church respectfully requests that you pay the quoted non-member facilities fee or a 10% tithe of your gross receipts. If paying by check, please note 'Facilities Fee' on the memo line.

Equipment needed: _____ Sound System _____ Bringing own sound equipment
 _____ Instruments (i.e. piano, organ) * _____ Other (specify) _____

*Please note: Outside organization(s)/individual(s) requesting use of the piano or organ will be responsible for instrument tuning expenses. Arrangements for tuning must be made through Lyn Patterson, Director of Music & Organist or by contacting the church office, 706-733-0514.

Custodial services needed? _____ No _____ Yes (extra charge may apply)

Person responsible for unlocking/locking/lights on/off _____
 Contact number _____

Arrangements for key: Pick up date _____ Return date _____

Additional information: _____

I agree to respect and care for the facilities requested. I have received and agree to adhere to the Facilities Use: Guidelines and Approval Process policy document(s) appropriate for my use. I will notify the church office of any changes in dates, times or nature of activities.

The amount of \$ _____ per _____ payable _____ has been accepted as reasonable charge.

Signature _____ Date _____

For church use only

Date received _____ Received by _____

Church office review* _____
Signature _____ Date _____

(*to ensure availability of requested times and dates)

Pastor/Head of Staff recommendation: _____ Approval _____ Denial _____ Referred to Session

Signature-Pastor/Head of Staff _____ Date _____

Agreed upon fee: _____, _____ (initials)

Session Recommendation: _____ Approval _____ Denial

Signature-Clerk of Session _____ Date _____