

First Church of Seventh-day Adventists

810 Shepherd St., NW | Washington, DC 20011
 Phone: 202.829.2075 Fax: 202.723.5124

FACILITY RENTAL REQUEST & AGREEMENT

EVENT INFORMATION

Nature of Event:	<input type="checkbox"/> Wedding <input type="checkbox"/> Meeting <input type="checkbox"/> Worship Service <input type="checkbox"/> Other _____		
Sponsor (Ministry, Group, or Person):			
Date of Event:	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Rehearsal Dates:	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Rooms Desired:	<input type="checkbox"/> Sanctuary <input type="checkbox"/> Board Room <input type="checkbox"/> Ethel Nell Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Cradle Room <input type="checkbox"/> Kindergarten <input type="checkbox"/> Mother's Room <input type="checkbox"/> Balcony <input type="checkbox"/> Primary House <input type="checkbox"/> Youth House		
Equipment Desired:	<input type="checkbox"/> Piano <input type="checkbox"/> Organ <input type="checkbox"/> Sound System <input type="checkbox"/> Drums <input type="checkbox"/> Audio Tape <input type="checkbox"/> DVD/Video <input type="checkbox"/> Other _____		

EVENT COORDINATOR/LEASEE'S INFORMATION

Name:	_____		
Address:	_____		
City:	_____	State:	_____
Home Phone:	_____	Work Phone:	_____
Fax:	_____	E-mail:	_____

CHARGES & DEPOSITS

--No charge for wedding rehearsals --Events scheduled for more than five (5) hours will be on a negotiated basis.

Sanctuary:	First Church Member	<input type="checkbox"/> \$150
	Seventh-day Adventist Member	<input type="checkbox"/> \$250
	Non-Seventh-day Adventist	<input type="checkbox"/> \$400
Ethel Nell Hall: <i>(Includes Kitchen)</i>	First Church Member	<input type="checkbox"/> \$150
	Non-First Church Member	<input type="checkbox"/> \$250
Class Rooms:	Kindergarten Room	<input type="checkbox"/> \$35
	Cradle Roll Room	<input type="checkbox"/> \$35
	Mother's Room	<input type="checkbox"/> \$35
Deposit: <i>(*Refundable)</i>	Required for rentals	<input type="checkbox"/> \$75
Insurance Coverage: <i>(Liability)</i>	Required for rentals	<input type="checkbox"/> \$75
TOTAL:		
Self-Provided Insurance Rider:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please provide certificate and omit insurance coverage fee above.)	

Method of Payment: <i>(Due in advance)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check
FIRST CHURCH COMPLIANCE TERMS & CONDITIONS	
The following must be communicated to all event participants and guests:	
<ol style="list-style-type: none"> 1. Smoking and alcoholic beverages are strictly prohibited on all First Church property. 2. No meat of any sort can be prepared or served on any of First Church properties without prior permission. 3. Any property belonging to First Church is not to be moved, removed, or replaced without the supervision of a First Church Deacon or staff member. 	
OTHER FEES	
<ol style="list-style-type: none"> 1. The cost of repairs or replacements due to the negligence of event participants and/or guests will be the responsibility of the Signee of this form. 2. In the event of a late ending, a \$25 late fee will be assessed after the first 30 minutes of scheduled event ending time. 3. First Church charges a \$25 fee for returned checks. 	
Your signature acknowledges your acceptance of the terms and conditions of this form.	
Contractee Signature: _____ Date: ____/____/____	
OFFICE USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Leasee Contact Date: _____	Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Distribution Copies:	<input type="checkbox"/> Pastoral Staff <input type="checkbox"/> Deacons/Deaconess <input type="checkbox"/> Communications <input type="checkbox"/> Hospitality <input type="checkbox"/> Other _____
FCSDA Signature: _____ Date: ____/____/____	

Upon approval, confirmation of rental request will be sent either by phone, fax, or email using the information provided in this form. Please make sure all information is complete and checked for accuracy prior to submitting.