

Cary Presbyterian Church Application to Use Church Facilities

To be completed by the individual or representative of any organization requesting use of the church facility. The person signing the form is the designated *responsible person* and will be held liable for payment of all fees and deposits for use of the facilities and any damages which occur during the use. The *responsible person* must be approved/trained and is responsible for proper use of kitchen equipment.

Date of request: _____ Name of person making request: _____

Name of person or organization for which request is made: _____

Member of Cary Presbyterian Church? _____ Email address: _____

Address: _____

Telephone (day): _____ (evening): _____ (cell): _____

Organization contact name, address, telephone numbers (if different from requester):

Date facilities needed: _____

Time facilities needed: From: _____ a.m / p.m. Until: _____ a.m / p.m.

Number of participants expected: _____

Description of request (include type of activity, purpose of activity)

Description of facilities needed (rooms needed, numbers of chairs, tables, etc.)

Will sound system be used? _____

Who is trained operator for the system? _____

Will kitchen be used? _____

Who is the trained operator for the kitchen? _____

If caterer is to be used, please provide proof of liability insurance.

If you are a first time requester, please describe the nature and purpose of your organization. Give a brief history of your organization (particularly in the Raleigh-Cary area) and list two or more references with names and telephone numbers.

Is this a non-profit organization? _____

Outside users must provide proof of general liability coverage prior to the event.

I have read, understood, and will comply with the rules regarding use of the facilities, including use of the kitchen and Fellowship Hall, and I will ensure that the information in these rules is communicated to and complied with by all individuals attending activities at above requested event or providing services to guests at this event.

Signed responsible party: _____ Date: _____

Use of facility approved: _____ Date: _____

Deposit received: Amount \$ _____ Date: _____ Received by: _____

Deposit returned: Amount \$ _____ Date: _____ Received by: _____

Loaner key to responsible party: Date: _____ Deposit received by: _____

Loaner key returned and deposit refunded: Date: _____

Return completed form to CPC Office Manager (fax: 919-467-8340) or email to:
office@carypresbyterian.org