

NEW COVENANT UCC APPLICATION FOR USE OF FACILITIES

Name of Group or Individual \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Phone # \_\_\_\_\_

Is Group Non-Profit? \_\_\_\_\_ State Purpose of Organization \_\_\_\_\_

Does Group have Liability Insurance? \_\_\_\_\_ If yes, please State Name and Address of Insurance Company and Provide a Certificate of Liability Insurance, naming New Covenant UCC as a Certificate Holder:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Time of Event \_\_\_\_\_ until \_\_\_\_\_

Type of Event \_\_\_\_\_

Facilities Needed:

\_\_\_\_\_ Fellowship Hall

\_\_\_\_\_ Kitchen (light food pep only)

\_\_\_\_\_ Kitchen (use of most equipment)

\_\_\_\_\_ Meeting Rooms

\_\_\_\_\_ Lounge

\_\_\_\_\_ Community Room

\_\_\_\_\_ Other \_\_\_\_\_

Note: Use of the facilities shall be under strict supervision. The placing and removal of tables, chairs, and the cleaning of the kitchen equipment shall be the responsibility of the requesting group.

**ALCOHOLIC BEVERAGES, TOBACCO, AND STYROFOAM PRODUCTS ARE PROHIBITED ON THE PREMISES.**

A donation to New Covenant UCC would be appreciated. Please allow 15 days for approval.

**We are a Creation Justice and Safe Place/Space Church. Policies are available in the Narthex-Church Lobby.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Church Use Only:

Room Assigned \_\_\_\_\_ Time Allowed \_\_\_\_\_

Approval Dates:

Secretary' Calendar \_\_\_\_\_

Executive Committee \_\_\_\_\_