

FACILITY RESERVATION REQUEST FORM GENERAL

CHURCH OWNED FACILITIES

PURPOSE

All buildings and equipment of St. Mark Presbyterian Church are available for use by any member or group that is approved and/or sanctioned by the Session. Usage is not to be used for any commercial purpose, but for the glory of God and the good of the community.

REQUEST FOR USAGE

A Facility Reservation Request Form (the “**Form**”) must be completed using (1) the Form provided by the Church secretary or (2) the Form on the Church website. Forms will be submitted in a timely manner. Final approval or denial is made by the Session.

RULES FOR USAGE

It is to be understood that the Church property is to be respected at all times. Specific rules are provided in this “Church Owned Facilities” section. The person signing the Form is personally held responsible financially for any damage in excess of security deposit.

FEES

- Church members have use of Church facilities at no cost or in special cases will be charged a fee determined and approved by the Session. Rental time is limited to eight hours within a twenty-four (24) hour period.
- Rental of the Family Center (if available) shall be a flat fee of \$500 which includes a \$300 returnable security deposit for two (2) hours usage. A flat fee of \$100 per hour or any part of an hour will be charged thereafter.
- Rental of all other buildings or rooms for general use shall be a minimum rate of \$50 per hour/per room or any part of an hour thereafter.
- Any and all fees charged for use of any Church property are negotiable and can be changed at any time by action of the Session.

POLICY

No property will be removed from St. Mark Church facilities at any time without the approval of the Session. Great care is to be used at all times when enjoying the use of the buildings and equipment.

The Facility Reservation Request Form should be completed and returned to the minister (revpaulburns@gmail.com) and the Church Office (office@saintmarkchurch.org) AS SOON AS POSSIBLE.

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CONDITIONS: I have read the Church policy pertaining to this request and understand all of the rules to be observed while using Church facilities. I understand that all or part of the Property Deposit may be retained due to conditions stated in the policy. Furthermore, I verify that the Church will be reimbursed for any damage done not covered by the Property Deposit.

Printed Name

Signature

Date

Date(s) Requested:

Start Time of Event:

End Time of Event:

Name of Group:

Type of Activity:

Facility Requested: Sanctuary Family Center (if available) Parlor & Kitchen
 Other (specify below)

Number of People Expected:

Additional Information:

Name of Person Responsible:

Address:

Phone:

Email:

*If group is a continuing group, club, etc., please notify the Church office, 214.321.6437 if person responsible changes.

(OFFICE USE ONLY)

Cleared on calendar _____ Property Deposit _____ Fee Paid _____

Signature