

After reading the Policies and Guidelines for Use of Church Facilities, please complete the form and return to the church office. This request will be considered as to the type of function and the availability of the facility on the requested date and time. Security deposits pertaining to outside church groups must be paid when the completed forms are approved by the church. **THE DATE WILL NOT BE PUT ON THE CHURCH CALENDAR UNTIL THE DEPOSIT IS MADE. The remaining fees are due no later than one week before the event date.** This includes **all fees.**

Group Name _____

Event Type _____ Event Date _____

Contact Person _____ Phone _____

Comment(s) Concerning This Event _____

Fee Schedule for Non-Members and Christian Non-Profit Groups

Facility:

_____ Sanctuary	\$250	_____ (Security Deposit=\$250)
_____ Christian Life Center (CLC)	\$300	_____ (Security Deposit=\$300)
_____ Kitchen and CLC	\$300	_____ (Security Deposit=\$300)
(Use of kitchen required supervision by the hostess. See below.)		

Personnel Services:

_____ Pastor/Minister	\$100	_____
_____ Organist	\$100	_____
_____ Pianist	\$100	_____
_____ Sound Technician	\$100	_____
_____ Church Hostess	\$100	_____
(\$100 Minimum/2 Hours) (Additional Hours \$10/Hour)		

Custodian Services: (Cleaning fees required after any non-Profit events.)

_____ Sanctuary	\$100	_____
_____ CLC/Kitchen	\$100	_____

Total Fees:

Required Security Deposit (Refundable Upon Satisfactory Evaluation) _____

Remaining Balance (Due One Week Prior) _____

I assume responsibility for any damage to the church property as a result of my usage of the facility. I also agree that the church is not liable for any injury to property of or injury to any person attending the event specified. I agree to inform my guests, if necessary, of the **NO SMOKING/TOBACCO AND NO ALCOHOL POLICY** of Parkway Baptist Church and will abide by and enforce this policy.

Today's Date _____ Phone _____

Responsible Party (Print) _____ Signature _____

Address _____