

Contact Info

Name of Requestor: _____ Contact Name (if different): _____

Email address: _____ Phone: _____

Event Details

Type of Event(see Rental Policies for details):

- Community Non-Profit Member/Staff

Brief Description: _____

Date: _____ Event Time Start and End: _____

Set up time: _____

Name of Organization (if any): _____

Description of organization’s mission (if applicable): _____

Room(s) requested

- Meeting House (sanctuary) Barnard Room (smaller and adjacent to the kitchen) Cleveland Room (bigger)
 Kitchen Wilson Hall (lower level) Classroom (lower level)

Describe any refreshments you will be serving:

Equipment

Number of Chairs: _____ Describe chair arrangement: _____

Number and Types of Tables: _____ Describe table arrangement: _____

- Coffee pot Hot Water pot Water Pitchers Other:
 PA system (Meeting House Only) Lectern Projector
 Screen Extension cords Multi-outlet tracks

<p>FOR OFFICE USE ONLY</p> <input type="checkbox"/> Calendar <input type="checkbox"/> Sexton <input type="checkbox"/> Liability <input type="checkbox"/> Invoice <input type="checkbox"/> Deposit <input type="checkbox"/> Payment	<p>CR BR MH KT WH CS TCH STF</p>	<p>Total Rental Fees: \$ _____</p> <ul style="list-style-type: none"> • 25% Due upon Approval \$ _____ • 50% Payment \$ _____ Due: ____/____/____ • Final Payment \$ _____ Due: ____/____/____
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