

Hudsonville Congregation UCC

Facility Request - Members

Event Information.....

Organization/Group: _____ Event: _____
 Contact Person: _____ Phone: _____
 Address: _____ City/State: _____
 Zip: _____ Email Address: _____
 Number of Participants: _____ Room/Space Requested: _____
 Other: _____

Single Use.....

Date of Event: _____ Start Time: _____ AM / PM End Time: _____ AM / PM
 Set-Up Time Needed: no yes _____

Recurring Use.....

Day of Activity: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Date of First Use: _____ AM / PM Date of Final Use: _____ AM / PM
 Activity Start Time: _____ Activity End Time: _____

Special Requests Tables Needed # _____ Chairs Needed # _____

Room Set Up Requests: _____

Technology/Other Requests: _____

Will food be served? no yes _____
(must be approved by Kitchen Director)

All groups/organizations must reserve use of the facilities. There is a CHARGE for use of Hudsonville Congregational UCC facilities. The outside group/organization will harmless, indemnify and pay for the defense of Hudsonville UCC from and against all liability, claims, demands, fees, causes of action of any kind, expenses (including but not limited to attorney's fees of indemnity's council) arising Hudsonville UCC. Hudsonville UCC may require a certificate of insurance in the amount of at least \$1,000,000 general liability coverage including blanket contractual liability coverage, with Hudsonville UCC named as an additional insured.

The outside group/organization shall be responsible for all damage to or loss of property, including that belonging to staff and ministry organizations during the time that they use the facility. They shall also see that the Rules and Conditions on the back of this form are met.

Hudsonville UCC is not responsible for any lost, stolen, or damaged items. Hudsonville UCC reserves the right to deny rental or use of its facilities to any group.

Outside groups will be asked to sign this statement acknowledging their willingness to be in compliance with Hucc Safe Church policy which are available for review in the Kitchen or the Office.

I, representing the group/organization listed above, agree to the terms listed above and agree to pay the fees shown in my Facility Request.

Name _____ Signature _____ Date _____

For Office Use

Room/Space Rented _____ Cost Per Use \$ _____