

THE SHERMAN CHURCH

(860) 354-6114

REQUEST FOR USE OF CHURCH FACILITIES AND/OR EQUIPMENT

Name of Organization or Private Party: _____

Contact Person: _____

Address: _____

Phone Number: Home: _____ Business: _____

Fax: _____ Email: _____

Date requested: _____ Time of Event: _____ Time of setup: _____

Length of event including setup and take down: _____

Purpose of request and/or type of activity: _____

Will you need the sexton to open and close the building? _____ Yes _____ No

Room(s) and/or Equipment (check all that are needed):

- ___ Sanctuary ___ Kitchen ___ Tables
- ___ Parlor ___ Sunday School Rooms ___ Chairs
- ___ Fellowship Hall ___ Grounds ___ Other _____

If applicable, please provide the following information:

Will you need the services of the Minister of this Church? ___ Yes ___ No

If Yes, at what time will he be needed? _____

If no, please provide the name, address, and telephone number of the Minister you will be using:

Will you need the services of our Minister of Music? ___ Yes ___ No

If no, please provide the name, address, and telephone number of the Music Director you will be using:

There is to be NO food or beverages in the Sanctuary.

There is to be NO use of any outside playground equipment

The USE OF ALCOHOL IS NOT PERMITTED on church property.

The church must be provided with Certificate of Insurance/or the value of \$1 Million (nonmembers).

I have read the attached information regarding the use of the building and agree to be responsible for the cleaning of the facility and returning all equipment to its proper place. I will make sure that the kitchen stove has been turned off and that the heat/air conditioning has been reset appropriately.

I further understand that I am to make sure that the facilities have been properly locked when I leave.

I understand that I am to replace anything that has been damaged while under my responsibility.

Signature: _____ Date: _____ Email: _____

Phone Number: _____ Home _____ Work _____ FEE (See fee schedule): _____

Check must accompany form and will confirm reservation.

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FOR CHURCH USE ONLY:

Name: _____ Member ____ Non-member ____

RECEIVED DATE: _____ BY: _____

CHECK #: _____ Date: _____ Amount: _____

Certificate of Insurance received: _____

APPROVED:

Trustees: _____ Date: _____

Deacons: _____ Date: _____

Comments:

FINAL CHECK AND REFUND APPROVAL:

Results of Building Inspection:

Refund: Approved: ____ Not approved: ____ Sexton: _____
Date: _____

REFUND PAID:

Check #: _____ Date: _____ Amount _____

Copy as needed: Trustees/Deacons/Treasurer/Office File/Minister/Music Director