

ST. HELENA'S EPISCOPAL CHURCH
Facility Usage Request and Application Form

All Facility Usage Request and Applications should be submitted to the Office of St. Helena's Episcopal Church no later than noon on the Monday prior to your anticipated usage. Applications are reviewed weekly on Monday afternoons by Parish Staff.

Section 1: Applicant Information

Name of Applicant: _____
 Organization Representative

Applicant Organization: _____
 Official Name

Address: _____
 Street and City

Phone: _____ Email: _____

Applicant Status
 Church Group or Ministry Church Member Individual School
 Community Non-Prof. Other _____

Section 2: Facility Usage

Facility and Equipment you wish to use, and quantity as applicable:

<input type="checkbox"/> Parish Hall	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Great Room	<input type="checkbox"/> Historic Church
<input type="checkbox"/> Annex	<input type="checkbox"/> Classrooms	<input type="checkbox"/> Crown Room	<input type="checkbox"/> Youth House
<input type="checkbox"/> Rectangle Tables	<input type="checkbox"/> ROCK I &/or II	<input type="checkbox"/> Chapel	<input type="checkbox"/> Screen
<input type="checkbox"/> Round Tables	<input type="checkbox"/> Chairs	<input type="checkbox"/> Coffee Pot	<input type="checkbox"/> DVD
<input type="checkbox"/> OTHER _____			

Special Needs

Childcare How many _____ Ages of Children _____

Paper Goods Cups Plates Napkins Coffee Flatware Other

Other _____

Event Details

Date Requested: _____ Time of Event: From _____ To _____
Please include prep and clean up time

No. Expected to Attend: _____ Age Group(s): _____

Donations, Collections, Admission Charges will be will not be Received or Charged

Briefly describe the proposed event:

Would this be a recurring event? Yes No Frequency _____

Room Arrangement

Diagram	Notes

Section 3: On-Site Responsible Parties

Name of person(s) in attendance who will be responsible for conduct of attendees, clean-up, and lock-up

Name: _____

Address: _____

City and Zip _____

Business Phone: _____

Mobile Phone: _____

Residence Phone: _____

Email: _____

Section 4: Respective Deposits and Fees

Deposits and Fees for Space Usage

Applicant	Historic Church	Great Room	Parish Hall	Class room	Annex E	Annex W	Youth House
Official Church Ministry or Entity	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Church Member (Personal Use)	Special Fees	Special Fees	\$25D \$100F	\$15D \$30F	\$20D \$40F	\$20D \$40F	\$35D \$75F
Individual or Other	Special Fees	Special Fees	\$100D \$300F	\$25D \$50F	\$35D \$75F	\$35D \$75F	\$50D \$125F
School or Community Non-Profit	Special Fees	Special Fees	\$25D \$100F	\$15D \$30F	\$20D \$40F	\$20D \$40F	\$35D \$75F

Deposits and Fees for Kitchen Usage

Applicant	Deposit	Kitchen Fee	Equipment Fee
Official Church Ministry or Entity	\$0	\$0	\$0
Church Member (Personal Use)	\$25	\$50	\$25
Individual or Other	\$50	\$100	\$50
School, Community Non-Profit	\$25	\$50	\$25

Section 5 Acknowledgement

- I, the undersigned applicant, hereby give the Parish permission to verify the information contained in this application, and understand that no date reservation, nor facility usage, will be provided nor held until this application is returned and approved by the Parish.
- I, the undersigned applicant, understand the Parish has the right to dispose of any personal items left on the church premises longer than 24 hours immediately following the event held in the facility.
- I have received and accepted the Policies for Facility Usage.
- I agree to provide any applicable deposits and costs of shared usage.
- I agree to pay for any damages to the facilities or equipment of St. Helena's Episcopal Church.

Name: _____

Title: _____

Signature _____

Date: _____

St. Helena's Official Use:

Date Received: _____

Copied: _____

Disposition: _____

Accepted

Denied

Date: _____

Notification Sent: _____

Date: _____

Deposit Amount & Date: _____

Fee Amount & Date: _____