

FACILITY/EQUIPMENT RENTAL FORM

Payment for facility use is to be given to the secretary upon booking unless directed otherwise.

Freedom Fellowship Church of Palestine
Mailing: 2103 Ventureview Street, Palestine, TX 75803
Physical: 125 Kickapoo Street, Palestine, TX 75803
Cell: 903-948-6800/lisasutton@me.com
freedomfellowshipchurch.net

Name of Person/Group Booking Event: _____

Name of Contact Person (if different from above): _____ Phone: _____

Type of Function: _____

Date Required: _____

Month Date Year

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S M T W TH F S

Time(s) Required: (Set-up and clean-up times must be included in the hours)

From _____ ☐ AM
☐ PM

To _____ ☐ AM
☐ PM

Event Start Time: _____

Rehearsal time required? ☐ Yes

Date and time: _____

☐ No

	Facility or Service	Rental Fee	Total
	Church Rental \$_____/day (for Weddings this includes a rehearsal date/time)		
	Open/Close fee (see #4 on page 2)		
	Damage Deposit (please provide separate check) (see #6 on page 2)		
	Sound System (Will require a fee for a person to run/time) (see #1 on page 2)		
	Party:		
	Clean up (see #12 or 13 on page 2)		
*Denominational Functions: No fees, however, group must provide own refreshments.			

Furniture/Kitchen Requirements
(please indicate number required)

Equipment Requirements

Notes: _____

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1. Additional fee is required if a person has to come to the facility to run _____ equipment.
\$____.00
2. This church is a smoke-free building. Smoking area designated in the back of the church under canopy.
3. Confetti or rice is not to be used within the church facility or on the church property.
4. Additional charges apply if renter requires a staff member to open/close the building — \$____.00.
5. All renters ordinarily will conduct their functions to permit the closing of the facility by ____ pm Monday to Friday and by ____ pm Saturday and Sunday. (In certain circumstances, these times may be extended).
6. Any damage to equipment or facilities, other than from normal use, shall be the responsibility of those renting the facility. All fees for rental of facilities and equipment are payable to Church and delivered to the secretary upon booking. A damage deposit of \$____.00 is required. Damage deposit will be returned to renter if facilities are left in satisfactory condition (*determined by church staff*).
7. Indemnification: It is an express term of this agreement that the Renter indemnifies the Church for any costs or damages of any kind incurred by the Church, as a result of the rental of the facility by the Renter.
8. All bookings and arrangements must be made through the church secretary at least **two weeks** prior to the event.
9. Bookings and arrangements in unusual circumstances may be directed to the Pastor and/or Elders for approval.
10. Cancellation: A full refund will be given if cancellation notice has been given ____ weeks prior to the event. Anything less than ____ weeks notice, one-half of the payment will be refunded.
11. Alcoholic beverages is **prohibited** from the facility.
12. Tables and chairs should be put back together to avoid a clean up charge \$____.00.
13. **Clean-up:** Please do all dishes, put them away, wipe counter tops and tables, clean sink and sweep floor if needed. **Leave used dish cloths and towels in the sink.** They will be picked up and laundered. **Trash:** Trash should be put in garbage cans and tied if full. **Leave tied trash bag beside the trash can.** *Please send a text to let someone know trash and/or towels have been left.* \$____.00.

Thank You for your co-operation helping us with these guidelines. This will allow us to better serve the needs of everyone who uses the kitchen.

RENTAL AGREEMENT

Signatures on this form indicate the agreement of the renter to the terms and conditions, and the approval of the rental application by Freedom Fellowship Church.

Facility Rental to be paid in full along with this form: \$_____ Date: _____

Renter's Name: _____ Signature: _____
Please print

Temporary 4 digit Code: _____ Email: _____

For Office Use Only:

Copies to be sent to: ☐ File ☐ Confirmation sent

Approval from: _____ Date: _____