WASHINGTON TABERNACLE MISSIONARY BAPTIST CHURCH BUILDING USE FORM

RULES/REGULATIONS/RESPONSIBILITIES FOR INDIVIDUALS REQUESTING TO USE THE FACILITIES

PLEASE CAREFULLY READ THE GUIDELINES OUTLINED BELOW BEFORE COMPLETING THE FORM

NOTE: After confirming a date for your activity with the church administrative assistant, a completed Building Use Form must be returned within two (2) weeks. Failure to do so will result in forfeiture of the requested date.

A. MEMBERS

- 1. Member(s) requesting the use of the church facilities will submit an application with a deposit of \$350.00, which is non-refundable, unless the event is cancelled and we are notified seven (7) days prior to the event.
- 2. If the scheduled event occurs at a time other than our normal business hours or the established hours of the custodian/security service, you will be assessed a fee to cover the additional cost which the church incurs to provide this service. The fees will be paid seven (7) days in advance of the event. An additional fee of \$50.00 will be assessed if the assistant custodian is needed.
- 3. All fees will be submitted to Deacon Craig Williams or Sis. Teresa Hargrow-Simmons.
- In the event the custodian is not used, the member is totally responsible for the cleaning of all areas used.
- Individual(s) are responsible for the conduct and actions of their guests. They will be notified in advance that THERE WILL BE ABSOLUTELY NO SMOKING, WEAPONS, CONSUMPTION OF ALCOHOLIC BEVERAGES/ILLEGAL SUBSTANCES, OR PROFANE/ABUSIVE LANGUAGE PERMITTED ON CHURCH GROUNDS.
- 6. THERE WILL BE NO ADMISSION CHARGES OR TICKET SALES ON CHURCH GROUNDS. NO EXCEPTIONS WILL BE MADE.
- 7. If candles are used during a ceremony or program, only dripless or battery-operated candles may be used.
- 8. Members are responsible for any damages that occur.
- 9. If the event is cancelled, the church office should be notified at least seven (7) days prior to the scheduled event; otherwise an additional \$100,00 fee will be charged.

B. NON-MEMBERS

- 1. Non-Member(s) will pay all applicable fees seven (7) days in advance of the event by cash, check or money order payable to: Washington Tabernacle Missionary Baptist Church, and submitted to Deacon Craig Williams or Sis. Teresa Hargrow-Simmons.
- 2. Deposits are non-refundable.
- Individual(s) are responsible for the conduct and actions of their guests. They will be notified
 in advance that THERE WILL BE ABSOLUTELY NO SMOKING, WEAPONS, CONSUMPTION
 OF ALCOHOLIC BEVERAGES/ILLEGAL SUBSTANCES, OR PROFANE/ABUSIVE LANGUAGE
 PERMITTED ON CHURCH GROUNDS.
- 4. THERE WILL BE NO ADMISSION CHARGES OR TICKET SALES ON CHURCH GROUNDS. NO EXCEPTIONS WILL BE MADE.
- 5. If candles are used during a ceremony or program, only dripless or battery-operated candles may be used.
- 6. Advanced coordination will be made fourteen (14) working days prior to the event, with a member of the Board of Trustees, if any special or addition equipment or arrangements are required.
- 7. Original contract binding.

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	Α.	MEMBERS							
		 ONE REHEARSAL (MAXIMUM 3 HOURS) 		NO CHARGE					
		WEDDING (MAXIMUM 3 HOURS)	"101ID\	NO CHARGE					
		SECURITY SERVICE (MAXIMUM 7 HOURS @ \$20.00		\$140.00** \$430.00**					
		CUSTODIAL SERVICE MAXIMUM 7 HOURS-REHEAR	SAL/WEDDING	\$120.00** NO CHARGE					
		KITCHEN USE COUNTRY TECHNICIAN		\$55.00					
		 SOUND TECHNICIAN PASTORAL FEE 	SEE REV. DONNIE R	•					
		PASTORAL FEE	(PASTOR)	051110011, 0111					
		MUSICIAN FEE	SEE CHURCH MUSIC	CIAN					
		DEPOSIT (NON-REFUNDABLE)		\$350.00					
	В	NON-MEMBERS							
	В.	ONE DELITADOAL /KAAVISSUSA 9 LIQUDO\95/EDDING	(MAXIMIM 3 HOURS)	\$450.00*					
		ONE REHEARSAL (MAXIMUM 3 HOURS)/WEDDING SECURITY SERVICE (MAXIMUM 7 HOURS @ \$20.00)		\$140.00**					
		CUSTODIAL SERVICE (MAXIMUM 7 HOURS)		\$120.00**					
		KITCHEN USE		\$100.00					
		SOUND TECHNICIAN		\$55.00					
		PASTORAL FEE	SEE REV. DONNIE R						
			(PASTO	•					
		MUSICIAN FEE	SEE CHURCH MUSIC						
		DEPOSIT (NON-REFUNDABLE)		\$350.00					
	** C.	C. FOR OTHER EVENTS, THE FEES REMAIN THE SAME							
III.	P	PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW:							
		TODAY'S DATE:							
		APPLICANT INFORMATION (Applicant should give home address and home or cell phone #.)							
	Name: Address: Telephone #: Group/Ministry Name: Event/Purpose of Request:								
							Event Date: Time:		
							If rehearsal(s) is needed, please indicate:		
		Rehearsal Date: Time:							
		PLEASE ESTIMATE THE # OF PEOPLE WHO WILL ATTEN	•	<u> </u>					
		PLEASE INDICATE AREA/SERVICE TO BE USED, CHECK							
		FELLOWSHIP HALL KITCHEN BA							
		CONFERENCE ROOM SANCTUARY C	HOIR LOFTSE	CURITY					

NOTE: If a specific set-up is needed, please use blank space to provide sketch/outline.

PLEASE PROVIDE SKETCH/OUTLINE HERE:

OFFICE USE ONLY						
THIS SECTION TO BE COMPLETED BY BOARD OF TRUSTEE						
PLEASE CIRCLE ONE:	REQUEST APPROVED	REQUEST DENIED				
TRUSTEE SIGNATURE		APPROVAL DATE				
DEPOSIT RECEIVED ON:	SUBMITTED TO:					

- PLEASE DISTRIBUTE TO:

 1. APPLICANT
 2. ADMINISTRATIVE ASSISTANT
 3. CHURCH CALENDAR COORDINATOR
 4. CUSTODIAL STAFF
 5. KITCHEN SUPERVISOR
 6. PASTOR
 7. BOARD OF TRUSTEE CHAIRMAN
 8. CUSTODIAL/SECURITY SUPERVISOR, DEACON CRAIG WILLIAMS