**APPLICATION FOR USE OF CHURCH FACILITIES AND EQUIPMENT**
**Gates Presbyterian Church, 1049 Wegman Road, Rochester, NY 14624**

Date of Application _____ **MULTIPLE / ON-GOING USE**

Group Name: _____

Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

If non-profit organization, please provide your tax exempt # _____

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**Frequency:** **Weekly** **Monthly** **Twice a Month**

1st week 2nd week 1st and 3rd weeks

3rd week 4th week 2nd and 4th weeks

**Day(s) of Week:** Sun Mon Tues Wed Thurs Fri Sat

**Hours:** From _____ to _____ **Expected attendance:** _____

Room Requested: _____

Room Set-up: Tables _____ Kitchen facilities needed _____

Chairs _____ _____

Other _____ _____

**Key Information:**

- I'm a new group, I need a key _____
- I still have my key _____

**FOR OFFICE USE ONLY**

**Fees:** Room Use _____

Room Assigned _____

Added to calendar on _____ Copied for custodian ____

**I have read and will comply with the rules and regulations set forth by Gates Presbyterian Church. I understand that there is a $75 key replacement fee, payable by me, to Gates Presbyterian Church, should I lose my key.**

**Applicant Signature:** _____

Approved by Building Use Committee

**1.** _____