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

Date of Application _____ **ONE-TIME USE**

Name: _____ Phone: _____

Address: _____

_____

Email: _____

Day of Week: Sun Mon Tues Wed Thurs Fri Sat

Date Desired: _____ Hours: From _____ to _____

Type of event _____ Expected attendance _____

Room Requested _____

Room Set-up: Tables _____ Kitchen facilities needed _____

Chairs _____ _____

Other _____ _____

FOR OFFICE USE ONLY

Fees: Room Use _____

Custodial Deposit _____

Key Deposit $50.00

The key deposit is refundable upon return of the key.
Key must be returned within 30 days of event to receive deposit back.

Key #: _____ Picked up: _____ Returned: _____

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.

Applicant Signature: _____

Approved by Building Use Committee

1. _____