

**Gates Presbyterian Church
Building Use Application**

Date of Application _____

MEMBER

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(s) Requested: _____

I have read and will comply with the rules and regulations set forth by Gates Presbyterian Church.

Applicant Signature: _____

FOR OFFICE USE ONLY		
Room	Fee	Additional Fees:
_____	_____	Custodial Fee _____ n/a
_____	_____	Key Deposit _____ n/a
_____	_____	Security Deposit ¹ _____ \$50.00
Total to be Paid		_____

¹ The security deposit will be refunded upon Trustee approval of property inspection.

Building Use Committee Only	
Approved by Building Use Trustee _____	
<input type="checkbox"/> No custodial services needed for this event	
Security Deposit Returned by: _____	Date: _____