

**GATES PRESBYTERIAN CHURCH
Building Use Application**

Date of Application _____

MULTIPLE / ON-GOING USE

Group Name: _____

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

Contact Name: _____ Phone: _____

Address:
(used only for annual application mailings) _____

Email Address: _____

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(s) Requested: _____

Key Information: • I'm a new group, I need a key _____ • I still have my key _____

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: _____

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

Building Use Committee Only
Approved by Building Use Trustee _____