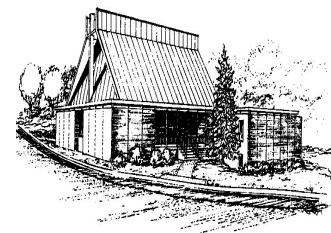


First Presbyterian Church of Murrysville
3202 North Hills Road
Murrysville PA 15668
Phone: 724-327-0728
Email: firstpresbymurrysville@gmail.com



REQUEST FOR USE OF CHURCH FACILITIES

Name of Group/Individual _____

Date(s) Requested _____ Time: from _____ to _____ Recurring Event/Meeting?

Please note:

- 1. Your date(s) is not confirmed until this form is returned to you with the approval and signature of the Property Committee. At that time, please take note of your responsibilities.**
- 2. Long term usage is approved on an annual basis. Occasionally we may have to cancel your event so a Church program can use our facilities. We will provide adequate warning for your group to make substitute arrangements.)**

Type of Event: _____ Number of people expected _____
[Any Fundraising must be approved by Session and must relate to the mission of the Church]

Group Status: Non-Profit? YES NO Will your group charge fee for event: YES NO

Briefly describe purpose of your group: _____

Room: LAIRD HALL SANCTUARY BUILDING OTHER
 Main Floor Sanctuary Sound system? Pavilion
 Kitchen Lounge Other:
 Lower Floor Classroom

1. Name _____ Church Member?

Email Address _____

Address _____

City/Zip _____

Phone Number _____

Alternate Phone _____

2. Name _____ Church Member?

Email Address _____

Address _____

City/Zip _____

Phone Number _____

Alternate Phone _____

Please initial acknowledgment of the following restrictions:

_____ **The use of alcoholic beverages is prohibited.** _____ **All buildings are non-smoking facilities.**

Note: It is your responsibility to return the arrangement of the room to the way you found it unless otherwise directed by the Church. The need for custodial services will be determined by a Church representative and noted on the reverse.

YOUR SIGNATURE

This Page for Church Use Only

FEES

\$20/hour of use Custodial Service \$
(to be assessed on case-by-case basis)

Free-Will Donation (The provision of our facilities are a ministry of this Congregation. Donations help defray operating expenses and are greatly appreciated.) \$

Total Amount (Payments must be received prior to date of use.) \$

CHURCH PERSON(S) RESPONSIBLE DURING EVENT:

Cleared on Church Calendar: YES NO by

Date

Donation and/or Custodial Fee Received:

By

Date

Amount

Check #

Approved by Property Committee

Date

Approved by Session (if appropriate)

Date

Comments

Revised April 15, 2016