

**GUILFORD PARK PRESBYTERIAN CHURCH
APPLICATION FOR USE OF CHURCH BUILDING**

Date of Request _____ Name of Organization _____

Adult Sponsor _____

Address _____

Phone Number _____

Purpose of Facilities Use _____

Arrival: Date/Time _____ Departure: Date/Time _____

Certificate of Insurance Attached: Yes _____ No _____

Area(s) Desired:

Sanctuary _____ Meeting Room _____ Parlor _____ Fellowship Hall _____ Kitchen _____

Fee:

Sanctuary _____ Meeting Room _____ Parlor _____ Fellowship Hall _____ Kitchen _____

Groups may use only those areas indicated above.

Equipment desired:

Number of tables _____ Number of chairs _____ Other _____

Note: It will be the organization's responsibility to make full payment of applicable fees at the Church Office a minimum of one week prior to the approved facilities use period.

Organizations not making payment in full will not have access to the requested facilities.

I hereby acknowledge that I have read and understand the guidelines and regulations as set forth in the Guilford Park Presbyterian Church, Facilities Use Policy. I agree to take full responsibility for this group/ organization while using the facilities of Guilford Park Presbyterian Church.

Signature of Adult Sponsor _____ Date _____

Signature for church authorization and approval _____ Date _____

Remarks: