

University Church of Christ
BUILDING USE REQUEST FORM for the COMMUNITY

Date of function: _____ Time it begins: _____

Time in and out to include set up and clean up: _____

Name of group: _____

Purpose of function: _____

Room(s) requested: _____

Number of people expected (approximate): _____

Equipment requested: _____

(UCC does NOT provide DVD players, VCRs, projectors, computers, easels, etc.)

Sound system required: _____ Yes _____ No

Contact person: _____

Address: _____

Daytime phone numbers: _____

Cell: _____ E-mail _____

PLEASE INITIAL EACH ITEM LISTED and SIGN THIS FORM ON PAGE 2.

_____ I understand the building will open at 8:00 am Monday through Friday and that no event will be scheduled on Saturdays, except for a member's wedding. **The building will NOT be available before 8:00 am Monday through Friday.**

_____ I understand my reservation is not confirmed until the **deposit** (if applicable) and/or all fees have been paid and this **form** is approved by the office. Fees must be paid 30 days prior to the event or the event will be removed from the calendar.

_____ I understand I am responsible for wiping table tops and counter tops, picking up papers, drink cans, etc. left by my guests, and removing such things as decorations, flowers, and signs. This also includes checking restrooms for cleanliness, bagging my own garbage, and carrying it to the dumpster. (If the area is not clean, you will be charged for the extra cleaning.)

(continued on page 2)

_____ I understand UCC does NOT provide DVD players, a copy machine, VCRs, projectors, computers, easels, etc.

_____ I understand no alcohol, tobacco, controlled substances, or animals are allowed on church property. (Certain animals may be allowed, but only with prior approval.)

_____ I understand I am responsible for the conduct of my guests and/or program participants, caterers, entertainers, etc.

_____ I understand I am responsible for the cost of repairs of any damage to the building or grounds caused by anyone associated with my event.

Signature

Date

For office use only:

Fees quoted: _____ Fees paid: _____

Damages assessed: _____ Damage fees paid: _____

Areas used left clean: _____ Yes _____ No If no, details _____

Employee: _____

Form may be faxed to University Church at 553-0007.