

Building Use or Rental Agreement

Requested by: _____ Member? (Y, N): _____

Phone Number: (home) _____ (work) _____

Email Address: _____

US Mail Address: _____ City _____ State _____ ZIP _____

Event Date(s) _____ Purpose of Event _____

Public ___ Private ___ UU Event ___ Free? (Y, N) ___ If no, how much will you charge? _____

Number of people expected: _____ Time: Event _____ to _____
 Arrive _____ Leave _____ (Includes set-up & take down).
 Advance Preparation, Furniture needed, other? _____

Our Fee Structure:

- A) FREE Event sponsored by Nonmembers:
 \$2 per person, but no less than minimum room charge, regardless whether it's public or private.
- B) FREE Event sponsored by Members:
 B1) If open to the public, \$1 per person
 B2) If closed to the public, \$1 per person, but no less than the minimum room charge.
- C) Fee Event (same charge to MEMBERS and NONMEMBERS, whether public or private):
 Minimum room charge or 10% of total collected, whichever is greater will be applied.

Minimum Charge Per Room (for use of up to 4 hours. If over 4 hours, charges double.)

Space(s) requested:	___ Sanctuary: \$50	___ Large Room 1: \$30	___ Small Room 2: \$25	___ Kitchen \$25
Rental fees for all spaces:				
Key Deposit	\$25	_____	_____	_____
Security Deposit	\$50	_____	_____	_____
Cleaning charge \$25/hr.:		_____	_____	_____
Piano Fee	\$25	_____	_____	_____
Set Up Fee:		_____	_____	_____
Sound Tech Fee \$25.hr		_____	_____	_____
TOTAL:		\$ _____		

Please note:

1. Alcoholic beverages are not permitted in the church building without special permission.
2. Cancellation less than 3 days before a scheduled event may result in forfeiture of deposit.
3. Renters agree to be financially responsible for all damages that may occur during your use of facilities.
4. Security Deposit will be refunded upon completion of the requirements as follows:
 - ___ Premises are clean and found in same condition as when rented
 - ___ Heat & air conditioning reset and lights turned off
 - ___ All doors locked
 - ___ Key (s) returned to church office when program is completed
 - ___ Payment in full of usage fees

Applicant's signature _____ Date _____

UUCOB Representative signature _____ Date _____