

Kirk of Kildaire, Presbyterian, 200 High Meadow Drive, Cary, NC 27511
(919) 467-4944 churchoffice@kirkofkildaire.org

Request for Use of Church Facilities

Original version approved 11/15/09, Revised 2/26/18

Date of request: _____

Section A: All Applicants

Date facilities needed: _____ Start Time: _____ End Time: _____

Please check the space(s) you are reserving for your event:

- | | | |
|--|--|--|
| <input type="checkbox"/> Narthex | <input type="checkbox"/> Lower Level 1 | <input type="checkbox"/> Activities Bldg |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Choir Room | Room # _____ |
| <input type="checkbox"/> Session Room | <input type="checkbox"/> Fellowship Hall 1 | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Large Kitchen | <input type="checkbox"/> Fellowship Hall 2 | _____ |
| <input type="checkbox"/> Fellowship Hall | | |

Name of person/organization for which request is made: _____

a. Name of person making request: _____

b. Member of Kirk of Kildaire: _____ Yes _____ No

c. Address: _____

d. Telephone number (daytime): _____ (night): _____

e. Cell phone number: _____

g. E-mail address: _____

Organization contact name, address, telephone numbers (if different from requester):

Description of Request (include type of activity, purpose of activity): _____

Number of participants expected: _____

Specific needs for venue(s) checked above:

Tables and chairs for how many adults? **At this time, we do not offer setup or break down.**

How many under 12? _____

Any other needs? _____ Will food and/or drinks be served? _____

If you are a **first-time requester**, please describe the nature and purpose of your organization. Give a brief history of the organization (particularly in the Raleigh-Cary area) and list two or more references (please provide names and telephone numbers): _____

Approved non-profit status? _____ (Staff, check proof of non-profit status before building use is approved)

Will tickets be sold on the premises? _____ If so, what is charge? _____

The following is **required** to be signed:

I have read, understood, and will comply with the rules regarding use of the facilities, including use of the kitchen and Fellowship Hall at Kirk of Kildaire, Presbyterian, and I will ensure that the information in these rules are communicated to and complied with by all individuals attending activities at above requested event or providing services to guests at this event.

I hereby accept liability for the activity to be conducted by (enter name of Group) _____
on (enter date): _____

I agree to indemnify, defend and hold harmless the Kirk from any and all actions, causes of action, claims, judgments, loss, liability, damage or cost (including attorney's fees) the Kirk may incur due to Using Group members or their/its guests while on Kirk property."

Proof of insurance: _____

Signed Responsible Party: _____ Date: _____

Use of Facility Approved: _____ Date: _____

Section B: Applicants requesting use of the sanctuary and/or piano

I, _____, representative of The Using Group hereby acknowledge that I understand that in the event of any damage to the Fazioli piano, the piano bench or the floor lamp in the church sanctuary incurred during said activity, I personally and The Using Group will be responsible for covering the cost of repairs.

I understand that church activities may cause cancellation of use of the sanctuary for this date up to three months prior to the activity. After three months, reservations will be permanent except in a church emergency (such as a funeral).

Signature: _____ Phone number _____

Printed name: _____

Name of person responsible during piano use: _____

Phone number(s): _____

Section C: Checklist for fees/deposits paid

• Refundable Deposits:

- Refundable facility use security deposit \$100 _____
- Refundable piano use security deposit \$300 _____

• Non-Refundable Deposits:

- Facility use fee (all rooms) \$75/hr _____
- Kitchen fee (covers 4 hours) \$100 _____
- Fee for Fazioli piano (covers 4 hours) \$100 _____
- Tuning fee (if requested) \$200 or current rate _____