

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 2/25/16**

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"/> Small Kitchen      | <input type="checkbox"/> Activities Bldg |
| <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Great Hall 1       | Room # _____                             |
| <input type="checkbox"/> Session Room    | <input type="checkbox"/> Great Hall 2       | <input type="checkbox"/> Other (please   |
| <input type="checkbox"/> Large Kitchen   | <input type="checkbox"/> Great Hall # _____ | specify)                                 |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Choir Room         | _____                                    |
| <input type="checkbox"/> Library         | <input type="checkbox"/> Fellowship Hall 1  |  |
| <input type="checkbox"/> Great Hall      | <input type="checkbox"/> Fellowship Hall 2  |  |

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? \_\_\_\_\_ 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): \_\_\_\_\_

\_\_\_\_\_

Is your organization non-profit? \_\_\_\_\_ (Proof of non-profit status must be provided before building use can be approved)

Will tickets be sold on the premises? \_\_\_\_\_

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): \_\_\_\_\_

In addition, I agree to hold harmless and defend the Kirk from any liability for loss and/or injury incurred by any Using Group members or 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**

• **All facilities:**

- Refundable facility use security deposit \$100 \_\_\_\_\_
- Refundable key deposit \$25 \_\_\_\_\_
- Facility use fee \$30/hr \_\_\_\_\_
- Sexton services \$15/hr (working hrs) \_\_\_\_\_
- \$20/hr (non-working hrs, 3hrs) \_\_\_\_\_

• **Sanctuary piano:**

- Refundable piano use security deposit \$300 \_\_\_\_\_
- For-profit use fee \$100 \_\_\_\_\_
- Practice fee (4+ hours) \$25 per hour \_\_\_\_\_
- Non-profit use suggested donation \$50-\$100 per event \_\_\_\_\_
- Tuning fee \$115 or current rate \_\_\_\_\_