

Building Use Form Fellowship Hall

Name of Person Requesting use of Church Facilities: _____

Address: _____ Phone: _____

_____ Requested Date: _____

_____ Time of Event: _____

Event being held: _____

Approximate number of participants or guests: _____

Active Members: Free \$100 Deposit _____
(immediate family only, in your household)

Mission/Community Work: Free \$100 Deposit _____
(other churches if missional)

Non Member \$150 \$100 Deposit _____

Use of Kitchen: **Members:** Free **Non-Member:** \$100 _____

Non-Church Groups: (repeat/regular meetings) 1-4 hr meetings	weekly: \$40 a month \$480 a year	bi weekly \$35 a month \$420 a year	monthly: \$30 a month \$360 a year	_____
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Todays Date: _____ Deposit Total _____ Donation Total _____

Deposit may be returned if facilities are left in good condition _____

Todays Date: _____

Responsible Party: _____

Todays Date: _____

Church Official: _____

Date Paid _____

Donation: _____

Date Given to Treasurer: _____

Please Complete 5 Copies: (1 for each: Pastor, Trustees, Custodian, Secretary and Responsible Party)

*After use of the Church facilities, please remove all your personal belongings.
The church is not responsible for any missing items.*

Office Use Only:

Hall Checked for Reimbursement:



Church Official: _____

Deposit Refund Date: _____ Check Number: _____



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