

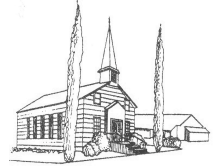
Community Presbyterian Church

"Caring Hearts, Open Minds, Helping Hands"

200 East Leland Rd, Pittsburg 925.439.9361 Fax 925.739.2068

Facilities Coordinator: Josie Monaghan cpcpittsburg@sbcglobal.net

www.cpcpittsburg.org



Application for Facilities Use

A deposit of **\$250.00** is required to hold the date. Please read cancellation policy and **\$1,000.00** Security Deposit forfeiture.

Name of Organization/Individual _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Date of function _____ Time from _____ to _____

***Party's sound systems end by 10:30 and participants must be out by 11:30 pm**

Purpose of Event _____

Number of People attending _____

Will you be using the Kitchen Facilities? YES _____ NO _____ If yes please indicate what you will use.

Oven, Sinks, Refrigerator, Freezer, Microwaves **\$30.00 charge for use of equipment**

Will Alcohol be Served? YES _____ NO _____ ***Only Beer, Wine and Champagne are permitted***

2 SECURITY GUARDS MUST BE HIRED AND PAID FOR BY THE RENTER.
PLEASE DROP OFF PROOF OF SECURITY CONTRACT OR FAX TO 925-439-2068.

ALL RENTERS MUST PROVIDE an Insurance Liability certificate before the event. Must have 2 weeks before event. \$1 million policy (standard).

I hereby state that I have read and understand the "Use of Facilities Policy Statement", Fee Schedule" and "Addendum A" and I agree to abide by them. I accept responsibility for informing my group about the conditions and regulations pertaining to the use of the facilities and for enforcing those conditions and regulations. I understand that if any damage occurs during the time which I am using the facility I will be financially responsible. I understand that if alcohol is served I am responsible for the additional cost of security guards. I understand that NO SMOKING is allowed inside any of the buildings.

SIGNED _____ DATE _____

Please return to Church office with deposit to secure your date. Thank you!

FOR OFFICE USE ONLY

RENTER: _____ EVENT: _____

DATE OF EVENT: _____ NON PROFIT RATE: _____

The total amount due: _____

RENTER'S PAYMENT HISTORY

Payment	Amount	Date received	cash	check #	

Total Due	Total received	Deposit returned	Condition of hall

I have read the policies and regulations and agree with the amount for rental of the following room (s).

Renter: _____ Date: _____