

# Community Presbyterian Church

"Caring Hearts, Open Minds, Helping Hands"

200 East Leland Rd., Pittsburg, CA 94565

(925) 439-9361 Fax (925) 439-2068

[www.cpcpittsburg.org](http://www.cpcpittsburg.org)

Facilities Coordinator: Lisa Hansen (925) 698-3509

## Application for Facilities Use

A deposit of \$250.00 is required to hold the date.

Please read cancellation policy and \$1,000 Security Deposit Forfeiture.

Name of organization/individual \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of event \_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_

**\*Event must be over at 10:30 P.M. NO EXCEPTIONS.**

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

**FEE: \$30.00 charge for use of equipment**

Will alcohol be served? YES \_\_\_ NO \_\_\_ (**only beer, wine and champagne are permitted**)

**WHEN ALCOHOL IS SERVED, THREE SECURITY GUARDS MUST BE HIRED AND PAID FOR BY THE RENTER. PROOF OF THIS HIRING MUST BE PROVIDED.**

**ALL RENTERS MUST PROVIDE an Insurance Liability Certificate verifying a \$1 million policy (standard). Proof must be provided two (2) weeks before the event. (Fax 925-439-2068)**

*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 regulation pertaining to the use of the facilities and for enforcing those conditions and regulations. I understand that if any damage occurs during the time that 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 or within 30 feet of the doorways.*

**If you have a security deposit, it may be returned 7- 10 days after the event upon evaluation from janitor & facilities manager. PLEASE READ YOUR DEPOSIT RETURN POLICY.**

\_\_\_\_\_ *initial*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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

\_\_\_Chapel \_\_\_Stoneman Room \_\_\_Social Hall \_\_\_Kitchen \_\_\_Classroom

**QUOTE ONLY** *renter must initial to accept quote for contract.*

For other event rentals:

|                       |  |  |  |
|-----------------------|--|--|--|
| Type of event         |  |  |  |
| Date                  |  |  |  |
| Renter                |  |  |  |
| Security Deposit      |  |  |  |
| Cleaning fee /deposit |  |  |  |
| Liability insurance   |  |  |  |
| Security guards       |  |  |  |

**FOR OFFICE USE ONLY**

**RENTER'S PAYMENT HISTORY**

| PAYMENT | AMOUNT | DATE REC'D. | CASH | CHECK # | OTHER |
|---------|--------|-------------|------|---------|-------|
|         |        |             |      |         |       |
|         |        |             |      |         |       |
|         |        |             |      |         |       |
|         |        |             |      |         |       |
|         |        |             |      |         |       |
|         |        |             |      |         |       |
|         |        |             |      |         |       |

| TOTAL DUE | TOTAL REC'D. | DEPOSIT RETURNED | CONDITION OF HALL |
|-----------|--------------|------------------|-------------------|
|           |              |                  |                   |

SIGNATURE OF RENTER \_\_\_\_\_ DATE \_\_\_\_\_