

Rhema Christian Center

Facility & Department Use Agreement

Name: _____ * Organization: _____

RCC Department: _____ Address: _____

Phone: () _____ H () _____ W () _____ M

E-mail: _____ Description of Activity: _____

Date(s): _____ Activity Time: _____ a.m. p.m. **until** _____ a.m. p.m.
 Time arriving to set up: _____ a.m. p.m. Time needed to tear down: _____ hr./hrs.

Date(s): _____ Activity Time: _____ a.m. p.m. **until** _____ a.m. p.m.
 Time arriving to set up: _____ a.m. p.m. Time needed to tear down: _____ hr./hrs.

Date(s): _____ Activity Time: _____ a.m. p.m. **until** _____ a.m. p.m.
 Time arriving to set up: _____ a.m. p.m. Time needed to tear down: _____ hr./hrs.

Number of Participants: _____ Ages of Participants: Child _____ Teens _____ Adult _____

* Insurance Carrier: _____ * Policy #: _____

*** Outside organizations must provide a "Certificate of Insurance" naming Rhema Christian Center as an additional insured along with this completed form before this Facility Use Agreement may be approved.**

Area Requested (check all that apply)

Building A - Main Building _____ Room # _____ **Building B** - R.O.C.K. Building _____ Room # _____
Building D - Life Center _____ Room # _____

Equipment Requested

Sound System* _____ Audio Visual (Type) _____ Computer _____ Other _____
 How many tables? _____ How many chairs? _____

*The use of any audio/visual equipment requires the presence of a RCC technician. An additional fee may be required.

For Rhema Christian Center Departments

Funding: Amount Requested \$ _____ Is this amount included in department's approved annual budget? _____

OFFICE USE ONLY FEES

Cleaning \$ _____ Building Use \$ _____ Equipment Rental \$ _____
 Sound Technician \$ _____ Deposit \$ _____
 Other Fees: _____ Total \$ _____

Check made out to _____ Name of who collected _____

Key will be picked up _____ Rhema Staff will open & close _____

I accept responsibility for the use of facilities and equipment at Rhema Christian Center during the activity named above. I agree to leave the set up of the room as found and in 'broom clean' condition. We agree to abide by the policies and rules of Rhema Christian Center. We will turn in the key within twenty-four hours after the event.

Signed _____ Date: _____

RCC Coordinator _____ RCC Approval _____

Key Issuance Form

Rhema Christian Center

Name of Organization/Group: _____

Name of Contact Person: _____

Phone # _____ E-mail _____

Reason for key: _____

Date key(s) issued: _____

Date Key(s) returned: _____

Which Key(s) issued? _____

Person issuing key(s): _____

I understand and agree to the following:

- No copies of this key may be made.
- If it is necessary to transfer the key to another person, another key issuance form must be filled out.
- The key is to be used for the above stated use only.
- Acceptance of the key deems you responsible for making sure the Building Use Policy is followed while you or your organization are using the building.
- Key must be surrendered upon request.

Signature: _____ Date: _____