

Buil	lding	Use	Fees

Chapel	\$ 205	Hospitality Room	\$ 65
Chapel Kitchen (serving only)	\$ 35	Basement	\$ 70
Chapel Kitchen (cooking & serving)	\$ 110	Classroom 201/202	\$ 85
Sanctuary & Foyer	\$ 405	Classrooms (except 201/202)	\$ 55
Sanctuary Foyer Only	\$ 140	Nursery	\$ 70
Sanctuary Kitchen (serving only)	\$ 70	Toddler Room	\$ 70
Sanctuary Kitchen (cooking & serving)	\$ 205		

 Fees are for use of up to one full day or 24 hour period (except Saturday evening).

### Additional Fees (Discounts do not apply)

- The MVPC technical room and technical equipment can only be used and/or operated by a trained technical team member of MVPC. The fee is \$100 for the first 2 hours then \$25/hour for each additional hour, per volunteer and is required for ALL groups using the MVPC technical room and technical equipment. If a request for technical support is made, please allow one week for an answer.
- If you use the Sanctuary on a Friday or Saturday, you will need to set up the chairs for Sunday worship services according to the appropriate seat setup chart, which will be provided to you. If you are unable to do this, a fee of \$100 will be charged for the church to do it.
- Groups over 50 and/or groups serving food will be charged a \$100 deep cleaning fee.
- \$50 for events ending after 6 pm on Saturdays
- \$75 Coordinator Fee for groups over 50 and/or weekend events (Friday, Saturday & Sunday)

Tech support total:	
Chair set-up total:	
Cleaning total:	
Late Saturday total:	
Coordinator total:	

### **Payment of Fees**

Full payment of room rental is due to MVPC's Front Office one week prior to the scheduled event. Make checks
payable to "MVPC". Payment may either be turned into the Front Office or mailed to:

Attn: Front Office
Maple Valley Presbyterian Church
P.O. Box 590
Maple Valley. WA 98038

- Members of MVPC receive a discount of 65% off building use fees.
- Approved community non-profit organizations receive a 40% discount off building use fees.
- A 50% deposit is required when the reservation is approved.

# Total of all fees: \_\_\_\_\_\_ Discount % applied: \_\_\_\_\_\_ Grand total: \_\_\_\_\_\_ Deposit total: \_\_\_\_\_\_ Due date for deposit: \_\_\_\_\_\_

## **Building Use Information**

- All MVPC ministry related activities will take first priority for building use.
- **No smoking** is permitted in any part of the building. **No alcoholic beverages or drugs** are permitted in any part of the building, on the grounds or in the parking areas.
- The rooms must be returned to their original set-up after your event and vacuumed or cleaned if necessary.
- Generally building keys will not be issued for non-MVPC ministry activities. Please contact the Front Office staff to arrange for unlocking and locking the building.
- If you will need any chairs and/or tables other than those already provided in the space you are using, please come by the church office and someone will show you where to locate them. Following the activity, you must return them to their original location and set the room up as it was originally.

### **Insurance**

- **Provide MVPC with an Insurance Certificate** from your insurance company naming MVPC as Additional Insured for the date you will be using any portion of the building, grounds or parking lot. A minimum liability limit of \$500,000 is required or \$1,000,000 is preferable.
- Any group or person using MVPC property or building will assume full responsibility for any damages to MVPC facilities and/or equipment, up to and including full replacement or repair.
- Any group or person using MVPC property or building will assume full responsibility for any injury or loss to any member, participant or child with their group, and hereby releases MVPC or any of its staff or members from any cost or liability for any injury or loss.
   Insurance Certificate received by (initial & date):

Signature	Date

# OFFICE USE ONLY

Date of Event:				
Approved by Cor	e Staff	Date		Ву
Amount Due  Total building use fees:  Additional services added:  TOTAL DUE:				
TOTAL PAYME	NT DUE	DATE:		
Payments				
50%	6 Deposit	Received:	Date	By
Pay	ments:	Amount:	Date	Ву
		Amount:	Date	Ву
				Ву
		Amount:	Date	By
	Total a	II Payments:		
Tech Team Payn	nent Vou	cher		
Pay	ments:	Amount:	Payee:	Date
Ву:				
Insurance Certifi	cate rece	eived Date	Ву	
Contract cancelle	ed by		:Date	Ву
Room reservation	n deleted	Date	Ву	