

**Christ Covenant Church of Metro Detroit (C3)
Facility Use Agreement**

EVENT

Event To Be Placed On Calendar

(As it is to appear in print) _____

Purpose of Event _____

	Locations	Start Time	End Time
Date of Event _____	Needed _____	_____	_____

FEES

Name of C3 Responsible Person _____

Phone Number where he/she can be reached *at the C3 Facility* _____

Large Room Amount charge by User _____ hours needed _____ Amount \$ to C3 _____

Cafe \$15 per hour _____ hours needed Over 5 hours \$75 Amount \$ to C3 _____

Kitchenette \$? per hour _____ hours needed Over 5 hours \$? Amount \$ to C3 _____

Classroom(s) specify \$10 per hour _____
_____ hours needed Over 5 hours \$50 Amount \$ to C3 _____

Audio Support required? Yes _____ No _____ Fee _____ Amount \$ _____

Name of Support _____

Visual Support required? Yes _____ No _____ Fee _____ Amount \$ _____

Name of Support _____

Signed Liability Waiver Yes _____ No _____

Copy of proof of insurance Yes _____ No _____ Amount \$ _____

Requests/ Additional Comments _____

Deposit (due upon Agreement signing): _____

Balance: _____

Balance due date: _____

Special fee arrangements: _____

User Agreement

User agrees that it will not use the premises for any unlawful purposes, and will obey all laws, rules, and regulations of all governmental authorities while using the above described facilities.

User acknowledges receiving a copy of the Building Use Policy of C3 and agrees to all of its terms and conditions.

User agrees to pay all facility use fees and charges as set forth in this Facility Use Agreement.

User agrees to hold harmless, indemnify and defend C3 (including C3's agents, employees, and representatives) from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, or property damage which may result from any person using the above described premises, its entrances and exits, and surrounding areas, regardless of whether such injury or damage results from the negligence of C3 (including C3's agents, employees and representatives) or otherwise.

Signature _____

Name: _____

Date: _____

1/3 of Fee _____ Check or Cash _____ Date: _____

Paid in Full _____ Check or Cash _____ Date: _____

Person Making Request _____ Phone No. _____ Date _____
(Signature)

Ministry/Department _____ Position _____

Church Administrator _____
(Signature)