FACILITY RENTAL REQUEST FORM

Notes:

Payment for facility use is to be given to the secretary upon booking Checks are made payable to: WCOTB (Wyomissing Church of the Brethren) Wyomissing Church of the Brethren 2200 State Hill Road Wyomissing, PA 19610 610-374-8451 | wyocotb@gmail.com

Today's Date:	
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Name of Contact Person (if different	from above):	Phone:		
Email: <i>A</i>	Address:			
Type of Event:		Number of people attending ever	nt:	
Date Requested:				
Month Da	te Year	S M T W TH F S		
Event Times:				
From :	am To	am		
	$\sqsubseteq_{ m pm}$	\Box pm		
	piii	pm		
D.1 C.		ana Danatiana	Total	
Foyer	ggested Building Us price to be determin	e e	\$00	
Classrooms *	*\$30.00 for 4 hours.	\$00		
Sanctuary	\$200.00 for 4 hours.	\$00		
Fellowship Hall	\$250.00 for 4 hours.	\$00		
FH Sport/Health Groups	\$40.00 per hour	\$00		
Kitchen	\$200.00 for 4 hours	\$00		
	\$80.00 for each ever and/or refrigerator	nt when using only countertop freezer. (Additional hour \$30.00)	\$00	
Grounds	price to be determin	ned based on request.	\$00	
*Classroom (s) needed:7/8 _	other *Classr	room 4/5: \$ 40.00 subto	otal \$	
	Additional C	Costs		
with <i>any</i> use of our sound system over the initial 2 hours). (The characteristic Custodial Cleaning Services (continuous)	n. The fee is \$200.00 feck needs to be made places not include set-up	ne Brethren (WCOTB) <u>trained</u> Sour for 2 hours, (\$50.00/hour for each ac payable to the WCOTB Operator pri po/tear-down): \$100.00 cleaning fee f ayment is due with the Security Dep	lditional hour ior to the event.) For each rental	

Certificate of Insurance

All sports teams and catering companies must provide WCOTB a current certificate of insurance.

Security Deposit

A \$125.00 security deposit (cash or check) is required with the Facilities Request Application. (make the check payable to Wyomissing Church of the Brethren.)

When the event has concluded, if the building is left as you found it, properly cleaned and there is no damage, your deposit will be returned.

Forfeit of your Security Deposit:

Approval from _____

- 1. Event Cancellation: a full refund will be given if cancellation notice is given to the office 2 weeks prior to the event. Failure to Notify the office of cancellation more 2 weeks prior to event forfeits the security deposit.
- 2. Failure to leave the church property cleaned, organized and returned to how you found it.
- 3. You are financially responsible for any damage of any kind to church property. Payment for any damages exceeding your security deposit will be required within 14 days after your event.
- 4. If our custodian needs to put away tables/chairs and equipment you have used

The person requesting the us ship, members, staff or peopl of the church facilities and ag the facilities. Please report a	e of any liability for grees to be responsil	personal injury ble for any prop	to any individual erty damage that	resulting from the church
The group or individual usin	g the facility is resp	oonsible for set ι	ıp, clean up.	
Signature of Responsible Party	Date			
For Office Use only:				
Security Deposit : Receipt of	f \$125.00 cash	(initial)	Date:	_
Receipt of	f \$125.00 Check #		(initial)	
	Rent	al Agreemen	t	
Signatures on this form indicate the rental application by Wyor			e terms and condi	tions, and the approval of
Facility Rental Donation to be	paid in full by two	weeks prior to e	event: \$	
Renters Name:	Sign	nature:		Date:

_ Date: ___