

FACILITY RENTAL REQUEST FORM

Wyomissing Church of the Brethren
 2200 State Hill Road
 Wyomissing, PA 19610
 610-374-8451 | wyocotb@gmail.com

Payment for facility use is to be given to the secretary upon booking

Checks are made payable to : WCOTB (Wyomissing Church of the Brethren)

Today's Date: _____

Name of Person/Group Booking Event: _____

Name of Contact Person (if different from above): _____ Phone: _____

Email: _____ Address: _____

Type of Event: _____ Number of people attending event: _____

Date Requested: _____

Month

Date

Year

S M T W TH F S

Event Times:

From : _____ am To _____ am

pm pm

Set up arrival time: _____ Clean up finish time: _____

Below are Suggested Building Usage Donations

Total

_____ Foyer	price to be determined upon request.	\$_____ .00
_____ Classrooms *	*\$30.00 for 4 hours. (Additional hour \$25.00)	\$_____ .00
_____ Sanctuary	\$200.00 for 4 hours. (Additional hour \$35.00)	\$_____ .00
_____ Fellowship Hall	\$250.00 for 4 hours/each event (Additional hour \$40.00)	\$_____ .00
_____ Fellowship Hall w/Kitchen	\$330.00 for each event when using only countertop and/or refrigerator/freezer. (Additional hour \$30.00)	\$_____ .00
_____ FH W/ Ovens	\$450.00 for 4 hours when using our ovens. (Each Additional hours (each) FH \$40.00 & K \$30.00)	\$_____ .00
_____ Kitchen	\$80.00 for each event when using only countertop and/or refrigerator/freezer. (Additional hour \$30.00)	\$_____ .00
_____ Kitchen W/ovens	\$200.00 for 4 hours when using our ovens	subtotal \$_____
_____ FH Sport/Health Groups	\$40.00 per hour	
_____ Grounds	price to be determined based on request.	

Additional Costs

- Custodial Cleaning Services** (does not include set-up/tear-down): \$100.00 cleaning fee for each rental agreement. (check made payable to Darlene Dunn). Payment is due with the Security Deposit.
- Sound System:** We require a Wyomissing Church of the Brethren (WCOTB) **trained** Sound System Operator with **any** use of our sound system. The fee is \$200.00 for 2 hours, (\$50.00/hour for each additional hour over the initial 2 hours). (The check needs to be made payable to the WCOTB Operator prior to the event.)
- Security Deposit : A \$125.00 security deposit (cash or check) is required with the Facilities Request**

Application. See next page for additional details.

Notes:

Total \$ _____

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:

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 use of WCOTB Church facilities hereby absolves the church, its pastors, leadership, members, staff or people of any liability for personal injury to any individual resulting from the church of the church facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the church office promptly.

The group or individual using the facility is responsible for set up, clean up.

Signature of Responsible Party

Date

For Office Use only:

Security Deposit : Receipt of \$125.00 cash _____(initial) Date: _____

Receipt of \$125.00 Check # _____ (initial)

Rental Agreement

Signatures on this form indicate the agreement of the renter to the terms and conditions, and the approval of the rental application by Wyomissing Church of the Brethren.

Facility Rental Donation to be paid in full by two weeks prior to event: \$ _____

Renters Name: _____ Signature: _____ Date: _____

Approval from _____ : _____ Date: _____