



FACILITY USE CONTRACT AND AGREEMENT

Our church is happy to share our facilities when possible, and we hope that these guidelines will enable your group to have a good experience here. Please read the accompanying document entitled “Facility Use Guidelines and Fee Schedule” for an understanding of our reservation guidelines and fee schedule.

The reservation is not considered confirmed until we send you a confirmed copy of the contract. It is necessary for our staff to approve the use of rooms in order to assure that our church programs have use of the facilities as needed. This “Facility Use Contract and Agreement” must be signed and returned with the deposit. Your event will not be placed on the church calendar until the form and deposit are returned.

Name of Organization: _____

Address: _____

Contact Person’s Name: _____ Phone: _____

Email: _____

Date(s) Requested: _____ Event Start Time: _____ Event End Time: _____

Frequency: One Time Only Weekly Monthly Other: _____

Does your event require set-up time? If so, what time do you need the space? _____

What time frame do the doors need to be unlocked for your event? _____

General Information

Describe in detail the type of event, including the number of participants expected:

Facilities Requested:

- _____ Sanctuary
- _____ Hailey Hall
- _____ Turner Gym
- _____ Chapel
- _____ Other

Please list: _____

Sound or Audio-Visual Needs:

- _____ Sound Only
- _____ Audio-Visual Assistance
- _____ Other (Please Specify)

Event Name: _____

Event Date: _____

Facility Rooms Requested	Number of Hours	Total Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discount (If Applicable): _____

Total Rental Fee: _____ Due : _____ (2 weeks prior to event)

Reservation Agreement:

I, _____ (Name of Representative) certify and acknowledge that I have read and that I understand this contract and accompanying documents, including the schedule of fees. I have also reviewed HBBC's Children and Youth Protection Policy and Facility Use Guidelines located at www.hbbc.org/resources.

I, also, _____ (Name of Representative) agree to indemnify and hold harmless HBBC from and against and all liabilities, claims, damages, judgements, losses, and costs incurred by HBBC, including reasonable attorneys' fees, arising out of its use of HBBC facilities pursuant to this Reservation Agreement.

Prior to the event, if applicable, I will provide a Chaperone Screening Certificate to the Executive Pastor, which requires a background check for all paid or volunteer adults.

I assure that during the event, 2 screened adults will be present at all times of the event if youth and children are present.

Print Signature of Representative _____

Title of Representative _____

Signature of Representative _____

Signature of Church Representative _____

Date: _____

Record of Deposit Paid: _____



FACILITY SET-UP FORM

Event: _____

Event Date: _____

Contact Person: _____

Best Contact: _____

Anticipated Number of Participants: _____

Will Food or Drink be Served? Yes No

Equipment Needs

Round tables: # _____

6 Foot Rectangle Tables: # _____

Chairs: # _____

Food Serving Tables: # _____

Other: _____

**Please attach a diagram of how you would like tables/chairs to be set up.*

Is sound or audio-visual needed? Yes No

Special Needs or Requests:

Will items be sold, revenue generated, or admission charged for your event? Yes No

If yes, what will be the expected revenue or ticket price for the event? \$ _____

If yes, how will the net proceeds from this event be used? _____

Is your group a Nonprofit 501(c)(3) organization? Yes No

If yes, Nonprofit Tax ID Number: _____

This form must be submitted to Kristen Muse (kmuse@hbhc.org) at least two weeks prior to the event or it will be removed from the calendar.