



COMMUNITY

PRESBYTERIAN CHURCH

1111 E Madison Ave
Lombard, IL 60148
630.627.0306

Rev. Stewart Pattison

Request for Use of Building and/or Grounds

(Note: **For weddings**, only fill out portions of form indicated with *)

*Name of Organization (or purpose of building use) _____

Address _____ Phone _____

*Contact's Name _____ Phone (home) _____
(work) _____

*Address _____

Alternate Contact _____ Phone (home) _____
(work) _____

Address _____

*Date(s) Requested _____ Day(s) of Week _____

*Time of Day: From _____ to _____
(include set up and clean up time required by applicants)

Alternative Date(s) _____ Day(s) of Week _____

Time of Day: From _____ to _____
(include set up and clean up time required by applicants)

1. Recommended by whom? (include: name, address and phone of person)

Is the recommending party a member of Community Presbyterian Church?
Yes No

*2. How many people would be in attendance? _____

*3. Will a reception be held here? Yes No

*4. Is the kitchen required? Yes No
(if yes, a surcharge is required) \$ _____

*5. Space / Room Required: Specific Room _____
Acceptable Alternative _____

*6. Approximate parking needs (number of cars): _____

7. Is organization insured for personal injury? Yes No

8. If activity is for children, give ratio of children per supervising adult(s). _____

PAYMENT AND CANCELLATION POLICY

Payments should be received in the church office immediately following the approval of the building use by the Trustees. Cancellations will be given a full refund if cancelled at least three months prior (if a wedding) or two weeks prior (if other event).

It is understood that **NO ALCOHOLIC** beverages will be dispensed or consumed on the grounds or in the building. It is further understood that **NO GAMBLING** or **LOTTERIES** will be undertaken while on the grounds or in the building. It is also understood that the organization/individual using grounds or building will assume any breakage costs. All church materials utilized or consumed will be replaced or cleaned. Lights should be turned off; furniture put back in place; thermostat turned down to 65 degrees (if applicable to room used); and outside doors **LOCKED** and **CHECKED** if you are the last group/individual in building at the end of the day.

SIGNATURE: _____ DATE: _____
(responsible individual(s) or adult official of organization)

Printed Name of Signature: _____

* * * * *

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

APPROVED: _____ DATE: _____
(Trustee)

DENIED: _____ DATE: _____
(Trustee)

COMMENTS: _____

BUILDING KEY DEPOSIT (\$25.00): Yes No

FEE: _____

KITCHEN SURCHARGE: Yes No

If yes: _____