

# ROSE HILL CHRISTIAN CHURCH FACILITIES RESERVATION REQUEST

ORGANIZATION \_\_\_\_\_

TYPE OF FUNCTION \_\_\_\_\_

PERSON MAKING RESERVATION \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM

**AREA REQUESTED:**

ENTIRE RHCC \_\_\_\_\_ MULTI-PURPOSE \_\_\_\_\_ Basement \_\_\_\_\_ PARLOR \_\_\_\_\_  
NURSERY \_\_\_\_\_ ANEX KITCHEN \_\_\_\_\_ SANTUARY \_\_\_\_\_ KITCHEN \_\_\_\_\_  
CLASSROOM(S) \_\_\_\_\_ CONFERENCE \_\_\_\_\_ SOUND BOOTH \_\_\_\_\_ SPORT  
EQUIPT (SPECIFY) \_\_\_\_\_ Old EMS Building \_\_\_\_\_

GROUP SPONSORS \_\_\_\_\_ PHONE \_\_\_\_\_

SCHEDULED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL DEPOSIT:\$ \_\_\_\_\_ DEPOSIT RECEIVED: DATE \_\_\_\_\_ BY \_\_\_\_\_

ADDITIONAL FEES:\$ \_\_\_\_\_ REASON \_\_\_\_\_ DATE \_\_\_\_\_

**CANCELLATION:** PLEASE NOTIFY THE ROSE HILL CHRISTIAN CHURCH AT LEAST ONE WEEK IN ADVANCE OF EVENT OR DEPOSIT WILL BE FORFEITED.

**RESPONSIBILITIES OF THOSE USING FACILITIES:**

- Abide by policies & procedures of RHCC
- Provide adequate & proper supervision of the group.
- Be responsible for breakage or neglect.
- Agrees that RHCC is not responsible in case of accident or personal injury from facility usage.
- Provide our own health & accident insurance coverage.
- Restrict our usage to the are as requested.
- Make sue chairs and tables are in same formation as they were before usage.
- Be responsible to make sure buildings are secured before leaving.

SIGNATURE: \_\_\_\_\_

(CHURCH/GROUP REPRESENTATIVE MAKING RESERVATION)

(Anyone wishing to make a contribution to help defray the operating costs of our facility is welcomed to do so.)

Revised 5/04