

REVIVAL USE REQUEST FORM

_____ Date(s) of Event

Facility Requested (Select One):

☐ **Revival Entire Facility – Fee \$350.00**

☐ **Revival Front Room – Fee \$250.00**

Additional Fees:

Key / Damage Deposit-

Fee \$200.00

I have read the "Building Use Policy" and agree to abide by it. I understand that I/we must pay a fee, a key deposit, and a damage deposit prior to use and further that I/we will be financially obligated for any damage to the building, furnishings, or equipment through the use or abuse of the facility by the people I represent.

Donations/Other Fees*: _____

* Subject to Committee Approval

Name / Organization: _____

Mailing Address: _____

(Used to return any deposit money if paid by check or cash. Deposits paid by Square will be refunded to card.)

Phone Number: _____ Email: _____

Set-Up Time | Time of Event:

(Date is subject to Facilities Committee approval – ALL EVENTS MUST BE OVER BY 11:00PM)

The building will be used by me, my immediate family, or my organization for the purpose of (Describe activities, must list use of any rentals/equipment not provided):

For youth/minor events, please provide the following details: How many chaperones? How many children and their ages?

Charitable Event: _____

Do you need audio / visual / sound system? Yes ☐ No ☐

Will you be serving beer or wine? Yes ☐ No ☐

Are you a member of FPC? Yes ☐ No ☐ *ALCOHOL AT NON CHURCH EVENTS ONLY*

Signature (Must be 21 years old)

Date Signed

FOR OFFICE USE ONLY

Date Approved: _____ Date Notified: _____

Date Deposits Paid: _____ Amount: _____ Cash: _____ Check #: _____

Date Usage Fee Paid: _____ Amount: _____ Cash: _____ Check #: _____

Key Number Assigned: _____ Date Key Picked Up: _____ Date Key Returned: _____