

Facility Use and Rental Application

Zion United Reformed Church of Sheffield

**1238 Old Highway 8
Sheffield, ON L0R 1Z0**

Administration Office: Telephone: 519-624-9416, email zionadmin@zurch.ca

Please note that for this reservation to be confirmed, this application must be approved by the Administration and Finance Committee of Zion URC.
Reservations are on a first come, first served basis.

Please fill out, take a copy for your files, and return to the above address.

Name of Applicant/Contact Person: _____

Function/Event: _____
(i.e., wedding, anniversary, seminar)

Address of Contact: _____

Telephone #: Cell: Email:

Church Affiliation:

Date of Function/Event: _____ Expected # of Guests: _____
(Day, Month, Year)

The time that your function/event is scheduled to begin: _____

The total time you would need the facility including setup/takedown time:

WEDDING: Do you plan to hold a rehearsal at this facility as well? Yes No

If yes, when: _____ (Date, Month, Year) _____ Time: _____ (0.00 / :00 - 0.00 / :00)

Please be aware that Zion does have full programs running on most Friday evenings from September to June. You may be asked to hold your rehearsal or alternate date.

Officiating Minister: _____ Church affiliation: _____

Audio/Visual Yes No If yes, we do require that you use one of our own technicians.

If this is for a wedding, would you like him/her to be present at the rehearsal as well? Yes No

Sound Fee: **\$100.00** (Payable to technician at time of function—Our office administrator/booking representative will ensure that there is a technician present, if Audio/Visual is requested.)

CUSTODIAN

Connie Hebbert (613) 340-4980; email: cfhebbert@gmail.com

Mandatory Fee: \$100.00 (Payable at time of function to "Connie Hebbert")

The custodial fee covers the opening and closing of the facility as well as a minimum of 3 hours of the custodian's time. Should the custodian be required to spend any more time over and above their allotted 3 hours, an additional \$30 per hour will be charged.

Once this application has been approved, please contact the custodians with any further questions, arrangements, and concerns.

NOTE: To determine whether or not to apply the following fee schedule to your event, **please see the “Facility Use and Rental Policy.”** However, if the fees do not apply, please still be sure to indicate the rooms and equipment required for these events.

Appendix U to

Rooms and Equipment Required:

Please check the appropriate box indicating the rooms or equipment required.

\$75.00 Sanctuary

Piano Organ Kneeling Bench Communion Table Audio/Visual

Note: The communion table may only be used at weddings for signing of the register, covered by a 60"x120" tablecloth.

Note: See opposite side of page for details on Audio/Visual

Note: Kitchen is a server kitchen only. Please supply your own coffee, sugar, etc.

\$50.00 Kitchen

Table Cloths, round Table Cloths, rectangular

Note: Table Cloths are for use inside Zion's facilities only; they are not to leave the premises!

Soiled/used table cloths are to be left in the **laundry basket in the kitchen; right side of stove, in the lower cabinet**. Our Hospitality committee will wash them. **DO NOT take them home** to wash! Thank-you!

\$50.00 Fellowship Hall

\$50.00 Activity Room

\$30.00 Lounge

\$_____ Meeting Rooms (\$20 for the first meeting room and \$10 for each additional meeting room)

(Room 1—n/a) Room 2 Room 3 Room 4 Room 5 Room 6

Estimated number of chairs required _____

Estimated number of round tables required _____

Estimated number of rectangular tables required _____

\$_____ Total Fee payable to "Zion URC of Sheffield." **Payment must accompany this application.**

This Total Fee is rental only and does NOT include fees payable to the Pastor, Custodian or Audio technician.

*****Reminder: \$100.00 - Mandatory custodial fee** (Payable at time of function to "Anna Boëhm")

Your signature below indicates that you have read and will abide by the

"Facility Use and Rental Policy" document. *(See same web page from which this document was downloaded.)*

Applicant's Signature: _____ Date: _____

NEW: Person appointed by applicant to be responsible for returning furnishings to designated locations:

Name: _____ Cell Number: _____

Approved by the Administration and Finance Committee Chairman: _____ Date: _____

For Office Use only:

- Sent to Administration and Finance Committee for approval, and then...
- Tentative booking confirmed on Church Calendar and pertinent information entered
- Copied application to custodian
- Copied application to Audio/Visual committee contact
- Confirmation emailed to applicant

Appendix U to