

# FACILITY USE APPLICATION

Mission Hills United Church of Christ  
4070 Jackdaw Street, San Diego, California 92103  
(619) 296-2169 Fax (619) 296-2115

Date(s) Facility is Requested: \_\_\_\_\_ Start & End Times: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Approximate number of people attending: \_\_\_\_\_

ARE YOU SERVING REFRESHMENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME AND DAYTIME PHONE NUMBER of person who will be obtaining the key. \_\_\_\_\_

Is there a Mission Hills United Church of Christ member in your group? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give name of church member: \_\_\_\_\_

FACILITY REQUESTED: Sanctuary \_\_\_\_\_ Lounge \_\_\_\_\_ Fellowship Hall \_\_\_\_\_

Upstairs Room \_\_\_\_\_ Fellowship Hall with Kitchen \_\_\_\_\_

Organ \_\_\_\_\_ Piano \_\_\_\_\_

Other: \_\_\_\_\_

Do you require a room setup different from its current status? YES \_\_\_\_\_ NO \_\_\_\_\_

Will you be moving the furniture yourself? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, permission must be obtained. Please provide a detailed list of what you would like with this application. Use space on reverse to draw a diagram, if custodial assistance is needed.

**All building rules must be followed. See Facility Use Policy for General Rules and Conditions of Use.**

SIGNATURE OF PERSON APPLYING: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**PLEASE NOTE:**

**THIS IS A REQUEST ONLY. YOUR MEETING/EVENT IS NOT GUARANTEED UNTIL YOU HAVE A SIGNED A FACILITY USE AGREEMENT.**

(SEE REVERSE FOR ROOM SETUP DIAGRAM)

Please provide a diagram for your custodial request for room setup in the space above.



= square table



= rectangular table



= round table

**X** = chair

**FOR CHURCH OFFICE USE ONLY**

CALENDAR DATE IS CLEAR? \_\_\_\_\_ OTHER GROUPS USING FACILITY SAME DAY? \_\_\_\_\_

OFFICE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

P&A COMMISSION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL CIRCUMSTANCES OR RESTRICTIONS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATEMENT OF NON-PROFIT STATUS RECEIVED? \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITY USE AGREEMENT SIGNED? \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATE OF INSURANCE RECEIVED? \_\_\_\_\_ EFFECTIVE DATES OF POLICY: \_\_\_\_\_

RENTAL FEE DUE: \$ \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTODIAL FEE: \$ \_\_\_\_\_

KEY DEPOSIT: \$ \_\_\_\_\_ KEYS ISSUED: \_\_\_\_\_

CLEANING DEPOSIT: \$ \_\_\_\_\_ DEPOSIT RETURNED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_