

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 _____ Commons _____ Fellowship Hall _____
Upstairs Room _____ Fellowship Hall with Kitchen _____
Organ _____ Piano _____ Chapel _____

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: _____