<u>USE OF FACILITIES</u> THE FIRST CHURCH IN SWAMPSCOTT, CONGREGATIONAL 40 MONUMENT AVENUE SWAMPSCOTT, MA 01907 Telephone: 781-5922-6081 Fax: 781-592-1879 Email: <u>Office@thefirstchurch.org</u>

APPLICAN	ſ:		DATE:				
NAME OF O	ORGANIZATI	ON:					
CONTACT I	PERSON:						
EMAIL ADI	DRESS:		TELEPHONE #:				
ADDRESS:			REFERRED BY:				
EVENT(S) O	OR PURPOSE	OF FOR USE:					
CHURCH C	ONTACT PER	RSON:					
DATE REQUESTED:					# OF PE	OPLE:	
TIME:	FROM:	TO	(Time r	needs to ref	lect set-up ar	nd take down)	
ROOM(S):	Clarke Hall Sanctuary		Library Kitchen		Mudge P Classroo	arlor m (s)	
	-	EMENTS:					
		APPROVED			D	ATE:	
FEES:	USE OF ROOM FEE:						
	CUSTODIA						
OTHER FEE		\$		_			
	TOTAL DU	ΨE	\$				
DEPOSIT (50% of total fees)			<u>\$</u>	CHI	ECK #:	DATE:	
SECURITY DEPOSIT (if applicable): The security deposit will be returned 30 days of cleanup				nt provided th		DATE:_ o damage nor excess	

SMOKING IS NOT PERMITTED IN THE BUILDING. APPLCANTS ARE ONLY ALLOWED IN THE ROOMS AND REST ROOMS WHICH HAVE BEEN APPROVED FOR THEIR USE.

The Church Council is responsible for all decisions regarding the Church property. The date of the event and the use of the room(s) must be approved by the Church Office before submission to the Church Council for authorization. Any change in this application must be approved through the church office before the facility is occupied.

WAIVER OF INSURANCE

NAME (OR NAME OF GROUP): _	
SIGNATURE:	
TITLE (if applicable):	

DATE: _____

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