

First Presbyterian Church
2050 Oak Street, Sarasota, FL 34239
(941) 955-8119 Fax (941) 957-1782

Facility Use Request Form and Agreement

Please complete form and submit to office, attention Rachel Martin.

Completion of this form helps assess yours needs as well as those of the staff assisting you. Activities will be recommended for approval based on their compliance with the stated goals and policies of the church. Also, we consider the availability of the church facilities and services. Planning sheets received within two weeks of the date of the activity will not be publicized in church literature. Affirmation will be sent by email or phone call.

Event Information (Information in bold will be publicized in church literature)

This is a non-Church event.

Name of Activity: _____

Date of Activity: _____ **Start/End Time of Activity:** _____

This is a recurring event. (Please list all dates below.) Additional Time needed for setup/teardown: _____
 weekly monthly quarterly

Dates for recurring, regularly scheduled meetings: _____

Estimated Number of People Attending: _____ Room Requested: _____

Statement of Purpose: _____

How will this activity be funded? _____ Is this event a fundraiser? Yes No
If yes please get a green income form from the office

Parking Spaces (Only for events Monday-Friday, 8:00a.m. – 5:00p.m.)
How many? _____

Room Setup (Space will be setup for the number of people listed above)

- Chairs only, Theater Style Podium
 Round Tables and Chairs (8 people per table) Special Setup: Diagram is included or drawn on reverse.

Contact Information

Sponsored by: _____ Staff Liaison: _____

Contact Person: _____ Phone Number: _____ Cell _____

Fees: \$ _____ Request for reduced fees
Please explain ; _____

Deposit: \$ _____ Total Due: \$ _____

Other Special Requests

Please specify _____

I have read, understand, and agree to abide by the First Presbyterian Church facilities use policies. My signature certifies that all information on this application is true. I understand and agree that any misstatements or omission of material fact herein may cause forfeiture of my deposit and/or not being allowed to rent the facility in the future.

Signature: _____ Date: _____

For Office Use Only

Approvals:

Operations Manager: _____ Date: _____

Comments: _____ Approved

Property Committee (non-church events): _____ Date: _____

Comments: _____ Approved

Processing:

<input type="checkbox"/> _____ Entered into computer & date	<input type="checkbox"/> _____ Checked Fees & date
<input type="checkbox"/> _____ Confirmation sent & date	<input type="checkbox"/> _____ Request Form copied & distributed

Comments: _____

Please draw the diagram for Special Room Setup below.
Include the placement of tables, chairs, and reference points in the room.