

Application for Use of Facilities

Application Is Contingent Upon Approval

Title of Event _____

Event Type (check one)

- Sports / Gym Meeting Mission Partner
 Private Function Overnight Stay **Non – Member Event**

Organization Name _____

Non-Affiliated/External Organizations (if applicable) _____

Total Event Expected Head Count _____ Age Group of Participants _____

Individual to be present and responsible _____

Email _____ Cell No. (_____) _____ - _____

Date(s) Requested _____

Event Set-up Time _____ Start Time _____ End Time _____ Breakdown Time _____

Location Requested _____ Room _____ Room Expected Head Count _____

Set-up and Special Needs

- | | | | | |
|---|----------------------------------|---|-------------------------------------|---------------------------------------|
| Event Resources Requested
(Check all applicable) | <input type="radio"/> Chairs | <input type="radio"/> Sound/AV Tech | <input type="radio"/> Outdoor Sound | <input type="radio"/> Food Service |
| | <input type="radio"/> Tables | <input type="radio"/> DVD/Film/Video | <input type="radio"/> PowerPoint | <input type="radio"/> Special Parking |
| | <input type="radio"/> Tablecloth | <input type="radio"/> Live Stream Event | <input type="radio"/> Computer | <input type="radio"/> Transportation |

- | | | | | | |
|-----------------------------|---------------------------|--------------------------|------------------------------------|---------------------------|--------------------------|
| Open to Entire Congregation | <input type="radio"/> Yes | <input type="radio"/> No | Products for Purchase | <input type="radio"/> Yes | <input type="radio"/> No |
| Tickets Required | <input type="radio"/> Yes | <input type="radio"/> No | Distributing Advertising Materials | <input type="radio"/> Yes | <input type="radio"/> No |
| Admission/Registration Fee | <input type="radio"/> Yes | <input type="radio"/> No | Minor Participating | <input type="radio"/> Yes | <input type="radio"/> No |

Some services are venue specific. Additional forms may be required. Additional charges may apply.

Event Description

Event Categories

- Facility Rental Worship Music Recital/Concert Conference/Camp/Lecture
 Communities of belonging Sunday School Class Session/Officer/Staff Meeting/Training
 Recreation Dept./Oakhill Day Camp Overnight Stay/ Group Oak Hill School Event
 Other _____

Event Website _____

Application for Use of Facilities • First Presbyterian Church • Nashville, Tennessee

Title of Event _____

Requestor/Sponsor Contact

Name _____

Phone (____)____ - _____ Fax (____)____ - _____

Address _____

City _____ State _____ Zip _____

Email _____

Billing Information *(If different than requestor)*

Name _____

Phone (____)____ - _____ Fax (____)____ - _____

Address _____

City _____ State _____ Zip _____

Email _____

Applicant understands that filing of this application shall constitute agreement by applicant to the following conditions:

1. *The intended use of campus property and facilities by applicant does not violate, and actual use will not violate, the provisions of FPC's Use of Campus Property and Facilities Scheduling Policy, or any other policies or regulations of the Church or any federal, state, or local law or regulation.*
2. *Any use of Church property and facilities pursuant to this application which is contrary to such policies, laws, or regulations or which is inconsistent with the activity as described in this application constitutes grounds for the First Presbyterian Church to remove the activity from the property.*
3. *Applicant agrees to indemnify the Church and hold it harmless from all liabilities arising out of applicant's use of Church's property and/or facilities, including but not limited to personal injury, property damage, court costs, or attorney's fees.*
4. *User agrees to furnish proof of insurance or performance bond upon request by the Church as required by First Presbyterian Church of Nashville.*
5. *Affiliated Entities are responsible for all activities that they sponsor that involve nonaffiliated Entities/Individuals, including all event communications with the appropriate scheduler through this application as well as the conduct of the nonaffiliated Entities/Individuals.*
6. *Requestor agrees to pay required deposit upon receipt of confirmation. Amount of estimated charges and deposit will be forwarded to requestor once they have been calculated.*
7. *If the User and/or its Agents will accept credit or debit cards in connection with its performance under this Agreement, User agrees that it will at all times during the performance of this Agreement comply with current Payment Card Industry Data Security Standards (PCI DSS).*

Applicant acknowledges they have read and agrees to the above conditions.

Requestor Signature _____ Date _____

Print Name

FOR OFFICIAL USE ONLY • DO NOT WRITE BELOW THIS LINE

Date _____

- Entered into Church Calendar
- Entered into Event U

Facility Authorization

Approved

Disapproved

Date _____

Print Name

Administrative Authorization

Approved

Disapproved

Date _____

Print Name

Notes _____

Administration Fee \$	_____	_____
Building Attendant \$	_____	_____
Chairs \$	_____	_____
Custodial/Grounds \$	_____	_____
Production Services \$	_____	_____
Parking Attendant \$	_____	_____
Security \$	_____	_____
Tables \$	_____	_____
Technician \$	_____	_____
Other Fee \$	_____	_____