

ALL SOULS UNITARIAN UNIVERSALIST CHURCH
730 N. Tejon, Colorado Springs , CO 80903 (719) 633-7717

Facilities Rental/Use Agreement

Application Date: _____ **Date of Event:** _____

Time of Event: From ____ a.m. p.m. To ____ a.m. p.m.

Set up ____ a.m. p.m. Takedown/clean up ____ a.m. p.m.

Arrive on premises no earlier than ____ a.m. p.m. Vacate premises no later than ____ a.m. p.m.

Approximate number of non-members/attendees _____

Wedding

Ceremony Officiate (if guest): _____ Phone _____

Type of Service _____

Rehearsal Date: _____ Time: _____

Reception at ASUUC? Yes No

Memorial:

Officiate (if guest) _____ Phone: _____

Type of Service _____

Reception at ASUUC? Yes No Time _____

Other:

Name and type of event: _____

Contact Person: _____ Phone (h) _____ (w) _____

Organization/Group: _____

Street Address _____

City/State/Zip _____

Name & Address for deposit refund check (if different than above):

Long-Term Rental: Effective from (month /day/ year) _____ until _____.

Frequency of Use: 0-3 times/yr 4-7 times/yr 8-10 times/yr 11+ times/yr

Church Rooms: Great Hall, Small Hall, Kitchen, RE Assembly, Pine Room,
Nursery, Red Classroom, Yellow Classroom,

Rental Fees:

Full payment of rental fee is required at least 30 days prior to the event date.

If rental occurs four or more times a year, rental fees are due no later than the 5th of each month.

	Amount Owed	Amount/Date Paid Check # or Cash	Received by
Deposit \$ _____	\$	\$	
Room (s) _____			
Total number of hours _____			
Rental at \$ _____ per hour = \$ _____	\$	\$	
Additional hours _____	\$	\$	
@ \$ _____ = \$ _____			
Other Fees (if applicable)			
Audio Visual Technician			
Number of Hours _____			
Hourly Fee \$ 25			
Event Coordinator Fee \$ _____			
Vendor Tables \$20 each			
Total Other Fees \$ _____	\$	\$	
Balance due \$ _____	\$	\$	
Deposit refund sent (Amount & Date)	\$		

Agreement

I (we) agree to pay the above agreed upon fees, and have read and agree to abide by the applicable terms and conditions of the attached Procedure for Use of Facilities.

Event Authorized Signature: _____

Date: _____

ASUUC Church Representative: _____

Date: _____