COWEE BAPTIST CHURCH

Cowee Baptist Church Member

Facility Use Application

Today's Date:			
Today's Date: Date of Event: Type of Event:		Time of use:	
Type of Event:			
Applicant's Name:			
Applicant's Address:			
Applicant's Phone Number:			
If Religious Event: Minister's Name: Name/denomination of church minister s		serves: Phone #:	
Facility(s) Requested: □ Sanctua Estimated Number of Participants:			□ Old Fellowship Hall
Fees for Cowee Baptist Church N	Memb	ers for Use of Facility	
Deposit:	<i>posit:</i> \$125.00 (Paid at time of application, refundable)		
Sanctuary:	Fre	e	
New Fellowship Hall:		e	
Old Fellowship Hall:	Fre	e	
Fees for Cowee Baptist Church M			
Sanctuary: New Fellowship Hall:	Fre	e (\$125.00 paid by church)	
New Fellowship Hall:	Fre	e (\$125.00 paid by church)	
Old Fellowship Hall:	Fre	e (\$75.00 paid by church)	
Additional fees for Cowee Baptis	t Chu	rch Members (Paid by applic	ant directly to individual)
AV/Sound Tech:	\$50	\$50.00 (Only Cowee trained/approved techs may operate systems)	
Organist/Pianist:	\$50	0.00	
• The user will be responsible for a	<i>reques</i> determi & agree nly use	ted and understands: ne availability of facilities for use. es to pay for damages done to the pr kitchen equipment under the superv	vill adhere to the policy guidelines operty beyond ordinary wear & tear. vision of the Special Events Coordinator
Signature of Applicant:		Date:	
FOR OFFICE USE ONLY:			
\$125.00 Deposit Paid On:	Che	ck Number:	
Amount of Deposit Refunded:		e Deposit Refunded:	
Event and Date Cleared and Approved:			
and Dave Created and Approved.	- 1		