

MINISTRY APPLICATION AND AGREEMENT FOR USE OF FACILITIES AND EQUIPMENT

Mountain View Church of the Nazarene • 940 Israel Road SW • Tumwater WA 98501 • phone: (360)943-0795 • fax: (360)352-5819

Ministry: _____ Application Date: _____
Contact: _____ Phone: _____ Email: _____
Address: _____

Event: _____ **If event is a wedding, this form must be accompanied with a \$50 non-refundable deposit.**
Start Date: _____ Finish Date: _____ (If needed weekly, check the day: Sun Mon Tue Wed Thu Fri Sat)
(If needed monthly, indicate day: _____)
Set-up Time: _____ Event Time: _____ Finish Time: _____
Ministry/Staff person in charge of event: _____ Who will open/close? _____

FACILITY - *check requested locations*

- | | |
|--|--|
| <input type="checkbox"/> Sanctuary *see Sound Request Form | <input type="checkbox"/> Foyer |
| <input type="checkbox"/> Sanctuary Platform (Sound Tech. Required) | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Family Center *see Sound Request Form | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Rooms (please specify): _____ |
| <input type="checkbox"/> Playing Field | |

Admissions/Collections/Funds solicited? Yes No Refreshments Served? Yes No

How many participants expected? _____

Office Use Only	Nursery - Children's Ministry Approval: _____
	Family Center - Children's Ministry and AV/IT Approval: _____
	Sanctuary/Choir Room - Worship Ministry Approval: _____
	Sanctuary Platform—Worship/Tech. Approval: _____
	Audio/Visual—AV/IT Approval: _____

Requests for facility usage must be submitted to the church office at least three weeks prior to the date(s) desired (three months for weddings). Rescheduling may be necessary to resolve conflicts with church related events.

FURNITURE - *check and notate quantity requested*

- Tables
 - Round _____
 - Long..... _____
- Tablecloths (*church use only*)
 - Cloth (*see additional form*)..... _____
- China (*church use only*)..... _____

- Extra garbage cans _____
- Chairs _____
- Choral Risers _____
- Grand Piano _____
- Roll away piano _____
- Other _____

Ministries are responsible for set-up and take-down of event.

AUDIO/VISUAL

Please see Sanctuary Special Presentation Request or Sound Request for any Audio/Visual needs.

Requests are taken on a first come first serve basis. Each user assumes responsibility for damage due to unreasonable care. *Certain equipment requires an in-house trained technician. In this event, a technician will be assigned. Unless other approved arrangements have been made, equipment will be set up no earlier than two hours prior to the event, and any technicians needed will be present no earlier than one-half hour prior to the start time of the event.

HOLD HARMLESS AGREEMENT

The applicant acknowledges that Mountain View Church of the Nazarene is extending them the privilege of using its property for specifically agreed upon purposes, and recognizes that the church is not an insurer of the safety of any persons using said facility or grounds. It is agreed that this application is made subject to the general regulations for the use of church facilities. The undersigned agrees that these rules shall be strictly observed and accepts entire responsibility for the enforcement of them and agrees to protect the premises and indemnify and hold harmless the Mountain View Church of the Nazarene for any damage due to the occupancy of the building or grounds covered by this application. The applicant further agrees to protect, indemnify and hold harmless the Mountain View Church of the Nazarene and its staff and members from any claims, liabilities, damage, allegations, or rights of action directly or indirectly resulting from the use of the premises covered by this application. I recognize that the Nazarene Church beliefs are based on the Bible only, and cannot endorse other religious beliefs expressed in any afore mentioned event, and that the Nazarene Church reserves the right to preview the content of any afore mentioned event or program.

Signed

Date

**CHURCH OFFICE USE ONLY
CHECKLIST**

- Facility user category: Member Non-Member
- Insurance Required: No Yes *(If yes, please submit copy.)*
- Staff/Personnel in charge: _____
- Church representative must be on site: No Yes *(Name)*_____
- Someone to open/close secure
- Event approved by: _____
Name *Date*
- Recorded on calendar: _____ Application distributed: _____
Date *Date*
- Heat needed: No Yes
- Billing Information:
Name/Address/Phone of person to invoice:

Deposits	\$	_____	
Room Rental	\$	_____	
Equipment	\$	_____	
Custodial	\$	_____	
Damage/Extra	\$	_____	
Audio Tech	\$	_____Name/Phone _____
Video Tech	\$	_____Name/Phone _____
Other	\$	_____	
TOTAL	\$	_____	

Staff notes: