

Christian Life Center Reservation Form

Date of Event _____ Time of Event _____ Type of Event _____

Church Sponsored Event? (Sunday school, Methodist Men, etc.) _____

Reservation Fee Structure

Church sponsored events during normal CLC operation hours:

- No charge

Church sponsored events after hours:

- Gym \$70/hour
- Loft \$55/hour
- S126 \$35/hour

Non-Church sponsored events:

- Gym \$100/hour
- Loft \$75/hour
- S126 \$50/hour

****Events held after hours will incur additional fees for staffing****

****Events requiring custodial set-up will incur additional fees****

Name: _____ Member of CUMC: Yes ___ No ___

Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Total number of guests attending: _____ Adults: _____ Children: _____

Brief description of party plans: _____

Outside entertainment scheduled: Yes ___ No ___ Use of sound system: Yes ___ No ___

Room

Request(s): _____

Special

Request(s): _____

Party Agreement

When a reservation is made we require a deposit of 50% to be paid in order for the event to be put on the CLC calendar. All fees must be paid in advance of event. If event is canceled with less than 14 days notice the deposit is lost. If late cancellation is due to illness, deposit may be applied to a new date. A waiver must be signed before use of this facility may be granted.

I _____, the undersigned, have read, understand, and agree to the terms stated on this form for my usage of this facility and for the services rendered.

Total Facility Rental Fee \$_____

Signature

Date

For Office Use:

Deposit and signed agreement received: Date _____ By : _____ \$ _____ Check# _____ Cash _____

Additional Payment: Date _____ By: _____ \$ _____ Check# _____ Cash _____

Final Payment: Date _____ By: _____ \$ _____ Check# _____ Cash _____