



ST. DAVID'S TRINITY UNITED CHURCH APPLICATION FOR RENTAL

Name of Person Requesting Rental: (PRINT) _____

Purpose of Rental _____

Name of Organization Requesting Rental (PRINT): _____

Address _____

Phone Number _____

Rooms Requested: Sanctuary _____ Lower Hall _____ Kitchen _____

Requests: Microphone _____ other _____

ONE TIME:

Date and Time of Function _____
Month Day Year Time Start Time Finish

WEEKLY _____ (day of the week) **MONTHLY** _____ (day of the week eg. 3rd Wed.)

Continuous From _____ TO _____
Day Month Year Day Month Year

Date of Application _____
Day Month Year

Note checklist for rental purposes:

- Alcohol may be consumed in the building or on the church property in accordance with the Church's Alcohol policy. This policy is available upon request.
- Illegal substance use on Church Property is prohibited
- Piano and organ in sanctuary to only be used with permission
- Police checks may be required
- No confetti or equivalent in buildings
- If a janitor is required to clean up after the user group, the user group will be responsible for that cost.
- Only one main entrance, if possible, should be open for visitors and should be supervised and then locked once the event begins ensure all emergency exits are identified and the doors can be freely opened from the inside
- Check the premises to find any areas which may cause injury or damage to third parties and if there is nothing that can be done to remedy these harmful situations, display the appropriate signs
- If there is water present on the floors, secure the area until the water or liquid is picked up.
- St. David's Trinity United Church will only enforce the process and guidelines established and approved by the Church Council, and, will not alter the policy for the duration of this agreement.
- Post emergency contact information at internal phones (if applicable)

Full payment to be made 1 week prior to event by applicant or delegate unless rental fee waived

Signature of Applicant _____ Date _____

Paid : (\$150) Yes _____ No _____ waived _____

Office Administrator _____
or equivalent initial