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## First Church Unitarian Universalist of Leominster

15 West Street, Leominster, MA 01453 Phone: 978-537-0310 E-mail: [1stchurchoffice@verizon.net](mailto:1stchurchoffice@verizon.net)  
Rev. Dr. Susan Suchocki Brown, *Minister* Lenore Scully, *Office Coordinator*

### Application for Use of First Church Unitarian Universalist Facilities

Event Name: \_\_\_\_\_ Event date(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Reoccurring: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Start Time for Event: \_\_\_\_\_  
STREET Arrival Time: \_\_\_\_\_ (for set-up)  
TOWN, STATE, ZIP CODE Departure Time: \_\_\_\_\_ (after clean-up)

Contact Person: \_\_\_\_\_ # of Attendees Expected (max. 125) \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Telephone: Day \_\_\_\_\_ Evening or Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Brief Description of

#### Event:

Any Fire or Police Detail, if required, is separate and the responsibility of the Applicant to set up prior to confirmation of Event.

Fire Detail Contact	Date	Police Detail Contact	Date	Not Required	
RATE BASED ON ARRIVAL & DEPARTURE ABOVE-LISTED					
Space Requested: _____	Upstairs _____	Sanctuary _____	Chapel _____	Parlor _____	\$ _____
	Downstairs _____	Hall _____	Lady B' Parlor _____	Classroom _____	\$ _____
	Kitchen: _____	Full use _____	Beverages only _____		\$ _____

Church Equipment Required: \_\_\_\_\_ \$ \_\_\_\_\_

Rental fee: \_\_\_\_\_ Date received: \_\_\_\_\_ By: \_\_\_\_\_

*Full amount due at least 1 week prior to event. or when requested by Office Coordinator.*

#### NON REFUNDABLE SECURITY DEPOSIT DUE WITH APPLICATION TO CONFIRM RESERVATION.

Security deposit amount: 50% Received by: \_\_\_\_\_  
Received from: \_\_\_\_\_

#### REFUNDABLE SECURITY DEPOSIT DUE WITH APPLICATION

**Security Deposit will be held until after the event. A portion may be kept to cover any damage or janitorial fees due to incomplete clean-up. Facility must be restored to original state at end of event.**

Security deposit amount: 50% Received by: \_\_\_\_\_  
Received from: \_\_\_\_\_

*By signing below, I acknowledge that I have read and understood the Church Policy for Building Usage will adhere to the policy therein. I agree to accept liability for damage to church property not covered by insurance caused as a result of this event and/or its attendees.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

\_\_\_\_\_ **Church Member**    \_\_\_\_\_ **Community Event**    \_\_\_\_\_ **For Profit Event** \$\_\_\_\_\_ **Ticket Cost**  
*or Regular Contributor    No Charge or Donation Requested    Attendees Charged or Donation Requested*

Payment in Full Received: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Keys needed: \_\_\_\_\_ Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ Returned: \_\_\_\_\_

Opening Arrangements: \_\_\_\_\_ Closing Arrangements: \_\_\_\_\_

Fire or Police Detail Required?    YES            NO            *If yes, complete above contact info before confirming.*

**Notes:**