
First Church Unitarian Universalist of Leominster

15 West Street, Leominster, MA 01453 Phone: 978-537-0310 E-mail: 1stchurchoffice@verizon.net
Rev. Bruce C. Taylor, *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: