

## Ebenezer Mennonite Church

# Facilities Use Request Form

Weddings & Special Events (Attendee)

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We are glad for the opportunity to serve you; we thank you ahead of time for helping us take care of the facilities which God has entrusted to us.

### Fees

**Deposit:** There is a \$100 deposit for the use of the facility, which is due one week before the wedding or special event. This will be returned if the facilities are found in good order after use.

**Service Fee:** A \$150 service fee will be charged for all weddings and special events. This fee is to offset the cost for a sound technician, and to assure the set-up of the facility after use. This will be due one week before the wedding or special event, along with the deposit.

**Extra Fee:** Clean up after the rehearsal, wedding, reception, or special event is **your** responsibility. The expectation is that the facility will be returned to the original condition. A fee will be subtracted from the deposit if damage occurs and the building is not found in good condition.

***We ask that you abstain from alcohol, gambling, and dancing at any reception or special event held at Ebenezer Mennonite Church. Ebenezer Mennonite Church is a smoke-free facility.***

### Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

**Dates & Times:** Today's Date \_\_\_\_\_ Date(s) Needed \_\_\_\_\_

Time of Rehearsal \_\_\_\_\_ Rehearsal Dinner at EMC \_\_\_\_ Y \_\_\_\_ N

Time of Wedding or Special Event \_\_\_\_\_ Reception at EMC \_\_\_\_ Y \_\_\_\_ N

Pastor Officiating \_\_\_\_\_

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**Room Requests:** Designate use for Rehearsal and/or Wedding, or event.

Sanctuary \_\_\_\_\_ Crossroads Ministry Center \_\_\_\_\_

Fellowship Hall \_\_\_\_\_ Other Rooms \_\_\_\_\_

Kitchen \_\_\_\_\_ If kitchen is needed, who is the responsible party? \_\_\_\_\_

**Note:** Use of kitchen does not include paper products or food items. Please contact the kitchen coordinator for questions regarding the use of the kitchen.

Is this event being catered? \_\_\_\_\_ if so, by who? \_\_\_\_\_

*Building Hours are 8:00am-9:00pm. If facilities are needed before or after hours, please contact the office.*

Please read the **Facilities Use Policy** to familiarize yourself with our facility care requirements.

**Other Requests:** Number of tables needed: (R) Rehearsal (W) Wedding (E) Event

Round \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ E

8 ft. Rectangle \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ E

6 ft. \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ E

4 ft. \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ E

Chairs \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_ E

**Note:** Set up of tables and chairs is the responsibility of those requesting the building. The number requested will be made available.

Audio (sound) / multi-media equipment needed \_\_\_\_\_  
*(videotaping services not provided)*

Other building resources needed \_\_\_\_\_

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**LIABILITY RELEASE FORM**

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Ebenezer Mennonite Church of Bluffton, and any of its employees or agents representing or related to Ebenezer Mennonite Church. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all rules and regulations promulgated by Ebenezer Mennonite Church.

\_\_\_\_\_  
Guest Name (please print)

\_\_\_\_\_  
Signature of Guest Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**Fees:** (due one week before use of the facilities) for explanation of fees, see page 1.

Deposit..... \$100.00

Service Fee ..... \$150.00

*I have read and understand the information given and agree to abide by these policies.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use:**

Facilities Coordinator Approved: \_\_\_\_\_ Disapproved (Reason): \_\_\_\_\_

Facilities Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Deposit Received \_\_\_\_\_

Date Service Fee Received \_\_\_\_\_

Extra Charges \_\_\_\_\_

Date Deposit Returned \_\_\_\_\_

Reason Deposit Not Refunded \_\_\_\_\_

**Copies:** \_\_\_ Custodian \_\_\_ Kitchen Coordinator(s) \_\_\_ Facilities Coordinator \_\_\_ Trustee Chairman  
\_\_\_ Audio/Visual Coordinator \_\_\_ Renter