

FACILITIES/EVENT RESERVATION FORM – Appendix C

Unitarian Universalist Fellowship of Elkhart
1732 Garden Street
Elkhart, IN 46514
574-264-6525
<http://uufe.org>

Name of organization: _____

Purpose of event/Description of Event: _____

Contact Person(s): _____

Mailing Address: _____

Phone Number: (h) _____ (w) _____

Email Address: _____

Will you charge a fee? _____ If so, how much? _____

Space Requested: Meeting Room/Sanctuary _____ Gathering Room _____
Kitchen _____ Downstairs Room _____
Playground _____ Other _____

Equipment Requested: Piano _____ Audio Equipment/technician _____

Date(s) Requested: _____

Number of people expected: _____

Starting time: _____ Ending time: _____

Alcohol/Smoking Policies received and read: _____

Guidelines and Procedure received and read: _____

Requesters must agree to be financially responsible for any and all damages that may occur during our use of these facilities.

50% of fee is due to make reservation. This deposit is refundable if cancellation made more than 14 days prior to requested event. The balance of fee is due 10 days prior to the event.

\$ _____ deposit paid on (date) _____

\$ _____ balance due on (date) _____

Policy drafted/approved: 8/18/10