



350 Kellers Church Road
Perkasie, PA 18944
Office: 215-766-8380
dre@deepruneast.org

FACILITY RENTAL APPLICATION

Organization / Group Name: _____ Date: _____

Contact Person(s): _____ Person in charge: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Active Attendee/Member Non-Member Deposit Fee: \$25.00 non-refundable (*due with application*)

Mailing Address: _____ State _____ Postal Code: _____

Intended Use or Purpose: _____

RENTAL DATE(S) REQUESTED: _____ One Time Event On-going Event

- *If ongoing rental request please attach schedule of requested dates and times.*

Start Time: _____:_____ Finish Time: _____:_____ (Hours - _____)

Estimated number of persons attending: _____

Would Like to Reserve: Sanctuary (Capacity 250-300) Fellowship Hall / Gym (*Capacity 250*)

Kitchen Use (*oven use*) Classroom(s) (Capacity 12-15 each) Conference Room (*Capacity 12-15*)

Basement area (Capacity 40-50) Pavilion (Capacity 40) Audio Technician Video Technician

Special Request of: Pianist Vocalist Pastor Kitchen Staff Recording of Service

Set-up Request: Round Tables (60") _____ Qty Long Tables (8 ft) _____ Qty Chairs _____ Qty

Volleyball net Overhead projector/slide show (Sanctuary) Stationary Microphones _____ Qty

Cordless Microphone Easel Podium Custodian additional (Set-up / Tear-down)

Special Requests or Comments: Table set-up instructions attached

These Facilities have been dedicated to God for worship, nurture, and fellowship, you are requested to respect these purposes always. Applicants are responsible for all property damages during the time these facilities are being used.

1. Applications are to be considered based on availability.
2. Members are responsible for lock up of the facility rented. Custodian / Trustees are responsible for lock-up of Non-Member events and will be notified at the time of approval.
3. By signing this agreement, the Contact Person agrees to be responsible for returning the facility to the clean and orderly state it was in prior to the rental. No materials are to be left in the building or on the grounds without written approval of the Board of Trustees.
4. If the kitchen is used, the Contact Person is responsible for washing all dishes, pots, pans, and other supplies utilized during the rental period. In addition, the sinks and stove must be cleaned if utilized. The kitchen phone should not be used except in the case of emergency.
5. When additional time is needed by custodian, charges will be billed after final clean-up is completed.
6. A deposit (minimum of \$0 for members, \$25 for non-members) of the rental amount is required to secure the date and time requested.
7. In the case of cancellation by renter, a refund will be sent less the deposit fee. Cancellations due to circumstances beyond control such as bad weather or funerals, (with the exception of weddings) renter will be given the option to reschedule. If renter chooses not to reschedule all but the deposit amount will be returned. Cancellations might be required by DRE and renter will be notified as soon as possible.

Your payment should be paid in full in the amount of \$ _____ by _____.
 Amount due upon receipt of signed approval, prior to rental date.
 Deposit Fee: \$25.00 Paid ____/____/____ Cost breakdown – see attached

Total Due: _____ less the deposit. Make check payable to **Deep Run Mennonite Church East**
 *Please note on check "For rental" and the purpose.

AGREEMENT / SIGNATURE

I understand and accept my role as "Person in Charge" for this event and will adhere to the guidelines for use of the facility. I will be responsible for and report any damage that may be incurred to the building and/or the equipment used. Activities should be restricted to the rental area of the building only. Keeping in mind others may be using other parts of the facility at the same time.

I release Deep Run Mennonite Church East from liability for loss or damage to persons and properties in or on the church property for the duration of the scheduled event, as well as for the duration of all set up and clean up for the event.

By my signature, **I and my group agree** to safeguard the security of the building, and to honor the facility as a place of worship.

Signature: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE:

Date Approved: _____ Approved by: _____

Notes/Questions: _____

Approved Notified of Approval Entered on Calendar Facility Manager Trustees Open & Lock-up person notified

***Use this form as your invoice**

Updated: 2/26/13

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