

## High Level Christian Fellowship 10906-100 Ave Box 486, High Level, Alberta TOH 1Z0

(780) 502-7305 secretary@hlcf-emc.org

\*\*Please note: It is preferred that application forms are submitted at least one week prior to the event\*\* Please send completed forms to secretary@hlcf-emc.org

## **Facility Rental Application Form**

Date of Application:	Date of Bookin	ng Confirmation:			
A. User Information (Cannot b	e rented to For-Pro	fit organizations)			
User Name:					
Representative (if group):					
Address:	Postal Code:				
Phone Number:	Cell Number:				
Email Address:					
B. <u>Event Details</u>					
Wedding: Funeral:	Other:				
Name of Officiating Minister:		Phone Number:			
Rental Date (s):					
Time In:	Time Out:				
Rehearsal Time (if applicable): From To Date:					
Estimated Number in Attendance:		<del> </del>			
Are you charging for your event/function	on?				
Is your function private or public?					
C. Special Equipment or other	er Requiremen	ts i.e. chairs, tables, sound system, table			
cloths, dishes, coffee set up,	other				
Please circle if you need any of the following personnel: Ushers Janitor Food Coordinator Pianists Parking Lot Director Sound Technician					

Sanctuary which includes the Fireside Room		
(\$125./hour up to a maximum of \$400/day)	x hour	ſS
Fellowship Hall which includes Parent Room & Nurse	ry	
(\$125./hour up to a maximum of \$400/day)	x hou	ırs
A minimum of 8 hours a day, over that it's an ex	tra \$100.	
Kitchen which includes the Fellowship Hall (\$100/hour up to day)	a maximum of \$400 x hou	
	X1100	2113
<b>All other rooms (Classrooms &amp; Fireside Room alone)</b> (\$50./hour up to a maximum of \$250. a day)	x hou	ırs
Pianist/Musician (\$25/hour up to a maximum of \$200/day)	x hou	ırs
Sound Technicians (\$25/hour up to a maximum of \$200/day)	x hou	ırs
Food Director (\$25/hour up to a maximum of \$200/day)	x hou	ırs
Janitor (\$25/hour up to a maximum of \$200/day)	x hou	ırs
<b>Ushers</b> (\$25/hour up to a maximum of \$200/day)	x hou	ırs
Parking Lot Director (\$25/hour up to a maximum of \$200/day)	x hou	ırs
<b>Admin Delegate</b> (\$25/hour up to a maximum of \$200/day)	x hou	ırs
Security Deposit of \$300		
Total Amount Owing:		

I understand that this is an application for rental, and in no way a binding agreement to rent the facilities of High Level Christian Fellowship (HLCF). All applications will be turned over to the Adminstrastion Committee Chair for consideration, after which I will be contacted. HLCF retains the right to deny rental of the facility for any reason. Applications will be processed in as timely a manner as possible- please remember this is a volunteer board.

- 1. I/we agree to respect the property of High Level Christian Fellowship and will pay for any and all damages incurred during the rental period. Additionally, no décor/decorations will be altered, changed or removed without permission from the Administration Committee.
- 2. I/we understand that there is no smoking, drugs, or alcohol allowed on the premises. I/we, the renting party, agree to take responsibility for any participant, spectator, or other person in or at our function that does not adhere to these rules. I/We will not use confetti or rice in the church building.
- 3. I/we understand that designated tables, chairs, and dishes are ours to use, and that all set-up and preparations are our responsibility, and we agree to clean up and leave the facility in pre-rental condition.
- 4. I/we hereby agree that nothing will be placed on the piano and to not move the piano. A \$1200 tuning charge may apply if it is moved.
- 5. I/we hereby release High Level Christian Fellowship from all liability for any and all damages, losses, injuries, permanent disability, or death caused to any and all participants, spectators, and anyone else present, whether occurring before, during, or after the function, whether on or off the property of High Level Christian Fellowship.
- 6. I/we understand that we must arrange for our own insurance and provide a Certificate of Insurance to the Secretary before usage of the facility.
- 7. I/we understand that renting the facility does not mean that High Level Christian Fellowship endorses me/us, our beliefs or activities.
- 8. I/we agree to pay the security deposit, rental fee, Admin delegate fee, as well as any fees relating to musician and sound technicians, kitchen personnel and janitors, at least one week in advance of the agreed rental period.
- 9. I/we have read and understand the agreement and will abide with the rental policy.
- 10. I/we understand that this rental request is subject to the approval of the church Administration Chairperson and/or Committee.
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11.	I/we understand that High Level Christian Fellowship reserves the right to cancuser agreements if the facility is required for a church function.		
Signature of	f Renting Party	Date	

## **Access Outside User Group Insurance**

NOTE: Churches, groups, registered charities and individuals that have <u>commercial</u> general liability insurance do not need to purchase Access Outside User Group Insurance; need only to provide a copy of the insurance.

Access Outside User Group Insurance needs to be purchased by individuals and groups who do not have any commercial general liability insurance. E.g. individuals renting the church for wedding, funerals, aerobics class, recital, birthday/anniversary/reunion celebrations, etc.

For detailed information regarding Access Insurance and fee structure consult Robertson & Hall Insurance 1-800-640-0933 or access@robertsonhall.com

Online application for Access Insurance can be found at <a href="http://www.robertsonhall.com/church-insurance/access/access-outside-usergroup-application.html">http://www.robertsonhall.com/church-insurance/access/access-outside-usergroup-application.html</a>

## D. To be completed by <u>Facility Rental Co-ordinator</u> after the Facility Rental Agreement has been approved and processed.

Position	Name	Contact Number
Admin Delegate		
Food Coordinator		
Usher		
Parking Lot Director		
Pianist		
Music Team Leader		
Sound Technician		
Janitor		

OFFICE USE ONLY						
Certificate of Commercial General Liability Insurance: Yes No						
Cheque Number/Money Order: Amount:						
Cash Amount:						
Refund Yes No Date:	s No Date: Amount:					
Signature: Printed Name:						
Reason for deduction:						
Fees Waived: Yes No						
Fees waived by:						
OFFICE USE ONLY APPLICATION APPROVAL						
Administration Committee Approval YES NO	Amount Paid:					
Signature of Administration Personnel	 Date					