



High Level Christian Fellowship

Box 486, High Level, Alberta T0H 1Z0
(780) 502-7305 secretary@hlcfc-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@hlcfc-emc.org

Facility Rental Application Form

Date of Application: _____ **Date of Booking Confirmation:** _____

A. User Information (Cannot be rented to For-Profit organizations)

User Name: _____

Representative (if group): _____

Address: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

B. Event Details

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: _____

Are you charging for your event/function? _____

Is your function private or public? _____

C. Special Equipment or other Requirements 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

Check off and complete those items that apply to your rental request

Sanctuary which includes the Fireside Room

(\$50/hour up to a maximum of \$200/day) x _____ hours

Fellowship Hall which includes Parent Room & Nursery

(\$30/hour up to a maximum of \$100/day) x _____ hours

Kitchen which includes the Fellowship Hall (\$50/hour up to a maximum of \$200 a day)

x _____ hours

All other rooms (Classrooms & Fireside Room alone)

(\$30/hour up to a maximum of \$100 a day) x _____ hours

Pianist/Musician (\$25/hour up to a maximum of \$200/day) x _____ hours

Sound Technicians (\$25/hour up to a maximum of \$200/day) x _____ hours

Food Director (\$25/hour up to a maximum of \$200/day) x _____ hours

Janitor (\$25/hour up to a maximum of \$200/day) x _____ hours

Ushers (\$25/hour up to a maximum of \$200/day) x _____ hours

Parking Lot Director (\$25/hour up to a maximum of \$200/day) x _____ hours

Admin Delegate (\$25/hour up to a maximum of \$200/day) x _____ hours

Security Deposit of \$300

Total Amount Owning: _____

I understand that this is an applicaion 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.
11. I/we understand that High Level Christian Fellowship reserves the right to cancel user agreements if the facility is required for a church function.

Signature of Renting Party

Date

Access Outside User Group Insurance

NOTE: Churches, groups, registered charities and individuals that have commercial 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

<http://www.robertsonhall.com/church-insurance/access/access-outside-usergroup-application.html>

D. To be completed by Facility Rental Co-ordinator 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: _____ 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