

FACILITY RENTAL FORM

Gahanna Community Congregational Church

470 Havens Corners Rd., Gahanna, OH 43230

Phone: 614-471-2168 Email: Office@GahannaC3.org

To enable best coordination & service, please submit a facility request at least one week prior for a simple event, earlier if possible. Multi-week and major events require more advanced planning. Availability is on a first come first serve basis with Church functions & members/regular attendees getting priority.

Please see back of form for Room Rates and Time Blocks.

Name of Person/Group Booking Event: _____ Today's Date _____

Name of Contact Person/Responsible Party _____

Address: _____ Phone: _____

Explanation of Activity: _____

Estimated Size of Group: _____

Date/s Requested: _____

Times: _____ (must allow for set-up & clean-up)

ROOMS REQUESTED: (circle)

Lower Level:

Fellowship Hall, Community Room, Kitchen

Main Level:

Sanctuary, Mahan Lounge, Garden, Room 1 (Classroom), Room 2 (Conference)

Upper Level: Nursery/Classroom

EQUIPMENT REQUESTS ~*(based on availability; may require an extra charge/fully refundable deposit for special equipment)*

Tables # /shape _____ Chairs # _____

A/V equipment _____ Other _____

Kitchen Implements Piano/Organ Coffee Pot

Set-up and Clean-up assistance available starting at \$15/hour (1 hour minimum).

RECURRING RENTALS? Y OR N (If yes, please fill our recurring rental section on back of page also)

Signatures on this form indicate the renter's receipt of and agreement to the terms and conditions, and the approval of the rental application by the Gahanna Community Congregational Church.

Facility Rental to paid in full along with this form \$ _____

Checks can be made payable to Gahanna Community Congregational Church. \$35 returned Check fee.

Refundable Security deposit to be paid for with separate check (if required) \$ _____

Signatures (Sign **AFTER** church approval)

Renter's Printed Name: _____ Signature: _____ Date: _____

Approval From Printed Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Payment Received by: _____ Amount: _____ Cash? Or Check# _____

Security Deposit: _____ Refunded: _____

Building access: _____

Member/Community Partner Status: _____

Nature of Event: Fundraiser, childcare, significant physical activity, overnight, other: _____

Room Assignment Exceptions: _____

Extra Services Needed: _____

SINGLE EVENT RENTAL RATES

*All Rooms booked in blocks of hours and based on the size of room.

*If you need a partial block, multiple blocks or overlapping blocks, the church may be able to make accommodation and if able, will quote a special rate)

*There may be limited availability and special rates during holidays.

<u>Day of the Week</u>	<u>Fellowship Hall Rate/ Other Room Rate</u>	<u>Block #1</u>	<u>Block #2</u>	<u>Block #3</u>
Monday– Friday Daytime:	Rate \$50/ \$30 per block	AM (8-Noon)	PM (Noon-4pm)	
Monday-Thursday Evening:	Rate \$50/ \$30 per block	Eve 1 (4-7PM)	Eve 2 (7-10PM)	
Friday Evening:	Rate \$60/ \$35 per block	Fri Eve 1 (4-7PM)	Fri Eve 2 (7-10PM)	
Saturday:	Rate \$75/ \$40 per block	Sat AM (7A-12P)	Sat PM1 (12-5P)	Sat PM2 (5-10PM)
Sunday:	Rate \$75/ \$40 per block	Sun 1 (2-6PM)	Sun 2 (6-10P)	

Sanctuary ~ (Rate negotiated based on event, please contact the office.)

All other rooms: Rates are just over 1/2 the block rate for the Fellowship Hall.

(Kitchen, Community Room, Mahan Lounge, Rooms 1 & 2, the garden & the Nursery/upstairs classroom)

RECURRING RENTALS

START DATE	END DATE
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*Ongoing Rentals are officially reviewed in January & July.

*Payment due for whole month on the first day of month.

*If your regular night falls on a holiday and you wish to hold your activity as planned, please submit an additional request. You will be considered first in line after church activities have been considered.

A special holiday rate may apply.

*Ongoing usage of the fridge/freezer, a cabinet or other storage is \$10/month.

Renewal Application Important Dates

Deadline

Rental Period

December 1 or as Requested by Church

January 1—June 30

June 1 or as Requested by Church

July 1– December 31

ALTERNATE RESPONSIBLE PARTIES (up to 5) (one responsible party must be present at all times)

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Office Use Only