

APPLICATION FOR USE OF PROPERTY OR FACILITIES

[SMOKING IS NOT PERMITTED IN THE CHURCH BUILDINGS OR ON CHURCH GROUNDS.]

Please read carefully the attached "Facilities Use Policy" and answer all questions below.
Then return your application to the Church Office Manager at the above address.

1. Name of applicant (individual or group) _____

2. Contact person if organization _____

3. What facilities are requested? _____

4. On what date or dates is facility desired? Please state the day of the week for each date. In the case of multiple dates, please list all dates, to avoid any confusion (use the back side of this sheet, if necessary).

_____ Start time _____ End time _____

_____ Start time _____ End time _____

_____ Start time _____ End time _____

5. Complete description of activity to be conducted: _____

6. Who will attend? _____ 7. Number of participants _____

8. Do you expect to make a profit? Yes / No If yes, explain: _____

9. Do you or your organization have general liability Insurance? Yes / No
If yes, please attach a copy of your Certificate of Insurance.

I/We, the undersigned, have read the regulations attached to this application, and we agree to assume the responsibility for their proper observances. I/we will be collectively and individually responsible for damage liability as expressed in the regulations. I/we release Silver Spring Presbyterian Church from liability in connection with its use and agree to hold it harmless from claims in connection with use by the applicant.

Signature of applicant: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Office Use Only: Approved Disapproved Date _____ Fee \$ _____ Special Conditions _____