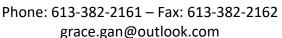


Grace United Church

120 Pine Street Gananoque, Ontario K7G 1C7





REQUEST FOR USE OF CHURCH HALL AND/OR SANCTUARY

Facilities being requested	Fee:
 A room and use of kitchen to make tea/coffee (Birthday Parties/ Receptions etc. Fee includes use of church tables, chairs & coffee pots. <u>Use of church dishware is not included</u>) 	• \$20/hr, Min. \$60
 A room plus kitchen to be used to serve a meal Custodian needed for set-up & clean up Use of Sanctuary for Wedding Use of Sanctuary for Concert or other event 	 Add \$100 Add \$100 \$300 To be Determined
 Church Hall for classes/groups Church Hall (tables & chairs included) 	\$20/hr\$100/day (8hr)
Reception Committee requested to prepare luncheon (Cost may vary depending on what food is requested)	• \$60 plus \$6/ per person

All requests must be approved by the board of Session. Session meet on the 4th Tuesday of each month, with the exception of December and summer months. Requests should be in to the church office prior to these meetings.

If you are requesting the use of the Kitchen, a member of the church must be present to oversee the event.

Facility users are expected to respect all church property and maintain a safe clean environment. If there is an issue, church personnel must be notified as soon as possible.

For weddings, there is another form that must be completed.

Funeral Receptions take precedence over all other events (except Weddings).

Regular hall users will be notified as soon as possible if this event occurs.

Fees are determined by Session and may change at any time.

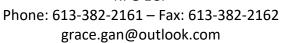
Fees are locked in for contracts signed prior to the date of changes.

Thank you for considering Grace United Church for your event.



Grace United Church

120 Pine Street Gananoque, Ontario K7G 1C7





This Form must be returned to the church for approval

Name of Organization or Individual:				
Event				
Date of Event: F	rom:	То:		
Regular Use, Day: F	rom:	То:		
Area, equipment, Facilities Requested:				
	room is required. List all equip urance is required by all group		eded	
Contact Person: assumes responsibility fo organization, and whose signature appear	•	on.	es on behalf of the	
Contact Person:		Street		
Town:	Province:	Postal Code:		
Phone Numbers:	E-mail:			
(Fill in the table below with	facilities requested and	fees from page 1 if ap	oplicable)	
Facilities Requested		Fee		
	Donation			
	Jonation	Total		
OFFICE USE				
Notification: (by Whom)	Approval:	Date	Date	
Custodian: Minister:				
Conflicting Activities:	Fee:			