

Application for Use of the Facilities at Trinity Ecumenical Parish

1) Name & Address of Organization _____

Name of User's Designated Representative _____

Phone Number _____ e-mail _____ Non Profit? Yes No

Organization's Purpose: _____

2) Event Name & Description:- _____

3) Do you plan any participant free-will offering, fund-raising, solicitation, payment to presenters, or other activity that involves the exchange of money? (Describe & explain)

4) Date(s) Requested _____ Start Time _____ End Time _____
(Above times should reflect set-up and clean-up time allowance.)
Actual start and end time of event _____

Acceptance or your application by TEP does not give your group exclusive use of the facility; other groups and activities may be using the building at the same time. Church related activities always have priority and you may be required to work around preparations for these activities. Your cooperation is appreciated.

Which day(s) of the week: Sun Mon Tues Wed Thurs Fri Sat

Estimated Number of People to Attend _____

5) Parish Facilities Requested:
 Fellowship Hall Adult A Adult B Music (prior approval required)
 Library Nursery Preschool Children A
 Children B Children C Youth
 Sanctuary (separate policy applies) Kitchen (separate policy applies)

Microphones Available (Choose One): (1)Podium (1)Lapel (1)Cordless

Please note: If your event requires anything more than a single microphone, you must either bring and operate your own equipment or discuss your equipment needs with the Office Manager at least 30 days prior to your event.

6) Name of TEP Designated Representative _____
Has TEP Designated Rep received & is current with the mandatory Building Use Policies & Security Training?
 Yes Need to schedule training session.

If this TEP Designated Representative is actively involved in the event, then a second non-participating TEP Designated Representative must be listed on the back of this form. Please see the TEP Policies and Guidelines document.

7) Name of contact for setting up equipment in Sanctuary_____

Phone Number_____ e-mail_____

If Chancel Furnishings need to be moved, contact the Parish Office (721-4330) no later than 2 weeks prior to the setup date to arrange for an Altar Guild representative to be present.

Contact Signature_____

8) Organization's General Liability Insurance:

- Our General Liability Certificate of Insurance is attached.
- Our General Liability Certificate of Insurance is on file in the TEP Office under _____
- We will provide a Certificate prior to the event.
- We do not have General Liability insurance and request a waiver of this requirement.

AGREEMENT

- 1) The Organization/Group representative, have read the "Guidelines and Policies for Use of TEP Facilities", and other "Guidelines" as applicable to use of various rooms/areas within TEP. We agree to abide by and enforce their provisions. We agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damages beyond normal wear and tear which may occur as a result of this activity. If I am not a parishioner of TEP, I acknowledge my responsibility for ensuring that a contact person from the Parish is also present during the time of use. I understand that the Parish reserves the right to pre-empt any use of the facilities if the Parish has extenuating circumstances, in which case the Parish will try to offer an alternative opportunity for the applicant to use the facilities. I also understand that the Parish may declare this agreement to be null and void if the applying organization/group is deemed to have made any misrepresentations or presented unforeseen problems which would prohibit use of the facilities.
- 2) If applicable to my organization or group, I agree to abide by the provisions of "A Plan for Safeguarding All of God's People at Trinity Ecumenical Parish." (Copy is available in the Parish Office)
- 3) The User organization hereby releases, discharges and covenants not to sue Trinity Ecumenical Parish or its administrators, directors, agents, officers, members, volunteers, and employees from any and all liability, claims demands, losses, or damages arising out of Organization's use of Parish facilities. If any member, guest, invitee, or participant of Organization makes any claim against Trinity Ecumenical Parish or its administrators, directors, agents, officers, members, volunteers, or employees in connection with Organization's use of the facilities, Organization will indemnify, defend and hold Trinity Ecumenical Parish and its administrators, directors, agents, officers, members, volunteers, or employees harmless from any and all litigation expenses, attorney fees, losses, liability, damages and costs arising out of such claim.

Signature of User's Designated Representative_____

Signature of TEP Designated Representative_____

Signature of Second TEP Designated Representative (if applicable)_____

Date_____

Fill out and RETURN Application and Insurance forms to Trinity Ecumenical Parish (Attn: Debbie) for Approval; Retain remainder of packet for your reference.

You will receive a copy of the approved application along with a copy of the Exit Check List (to be used for each date requested)

After each event - Exit Check List is to filled out and returned to TEP.

Office Phone 721-4330 Office Fax 721-3882

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For Office Use Only

Approved by Executive Committee_____ Date_____

Approved by Council_____ Date_____