

APPLICATION AND AGREEMENT FOR USE OF FACILITIES AND EQUIPMENT

Mountain View Church of the Nazarene • 940 Israel Road SW • Tumwater WA 98501 • phone: (360)943-0795 • fax: (360)352-5819

Applicant/Organization: _____ Application Date: _____
Contact: _____ Phone: _____ Email: _____
Address: _____

Event: _____
Start Date: _____ Finish Date: _____ (If needed weekly, check the day: Sun Mon Tue Wed Thu Fri Sat)
(If needed monthly, indicate day: _____)
Set-up Time: _____ Event Time: _____ Finish Time: _____
Ministry/Staff person in charge of event: _____ Who will open/close? _____

FACILITY - check requested locations

Sanctuary *see Sound Request Form
 Family Center *see Sound Request Form
 Kitchen
 Playing Field

Foyer
 Parking Lot
 Rooms (please specify): _____

Organization type: Church (local/district) Private Non-Profit Profit Religious Political

Admissions/Collections/Funds solicited? Yes No Refreshments Served? Yes No

How many participants expected? _____

Office Use Only

Family Center - Children's Ministry and AV/IT Approval: _____
Sanctuary/Choir Room - Worship Ministry Approval: _____
Sanctuary Platform - Worship/Tech. Approval: _____
Audio/Visual - AV/IT Approval: _____

Requests for facility usage must be submitted to the church office at least three weeks prior to the date(s) desired (three months for weddings). Rescheduling may be necessary to resolve conflicts with church related events.

Requests for the *following year* will be accepted starting October 1st. The application will not be processed until October 15th. Upon approval/denial, you will be notified by October 31st.

FURNITURE - check and notate quantity requested

Tables
Round _____
Long _____

Chairs - Family Center _____

Choral Risers - Sanctuary _____

Roll-away Piano _____

Grand Piano - Sanctuary _____

Extra Garbage Cans _____

Other _____

Set-up and take-down is the responsibility of the applicant.

AUDIO/VISUAL

Please see Sanctuary Special Presentation Request or Sound Request for any Audio/Visual needs.

Requests are taken on a first come first serve basis. Each user assumes responsibility for damage due to unreasonable care. *Certain equipment requires an in-house trained technician. In this event, a technician will be assigned. Unless other approved arrangements have been made, equipment will be set up no earlier than two hours prior to the event, and any technicians needed will be present no earlier than one-half hour prior to the start time of the event.

06/09

HOLD HARMLESS AGREEMENT

The applicant acknowledges that Mountain View Church of the Nazarene is extending them the privilege of using its property for specifically agreed upon purposes, and recognizes that the church is not an insurer of the safety of any persons using said facility or grounds. It is agreed that this application is made subject to the general regulations for the use of church facilities. The undersigned agrees that these rules shall be strictly observed and accepts entire responsibility for the enforcement of them and agrees to protect the premises and indemnify and hold harmless the Mountain View Church of the Nazarene for any damage due to the occupancy of the building or grounds covered by this application. The applicant further agrees to protect, indemnify and hold harmless the Mountain View Church of the Nazarene and its staff and members from any claims, liabilities, damage, allegations, or rights of action directly or indirectly resulting from the use of the premises covered by this application. I recognize that the Nazarene Church beliefs are based on the Bible only, and cannot endorse other religious beliefs expressed in any afore mentioned event, and that the Nazarene Church reserves the right to preview the content of any afore mentioned event or program.

Signed

Date

**CHURCH OFFICE USE ONLY
CHECKLIST**

- Facility user category: Member Non-Member
- Insurance Required: No Yes (If yes, please submit copy.)
- Staff/Personnel in charge: _____
- Church representative must be on site: No Yes (Name)_____
- Someone to open/close secure
- Event approved by: _____
Name Date
- Recorded on calendar: _____ Application distributed: _____
Date Date
- Heat needed: No Yes
- Billing Information:
Name/ Address/Phone of person to invoice:

Deposits	\$	_____
Room Rental	\$	_____
Equipment	\$	_____
Custodial	\$	_____
Damage/Extra	\$	_____
Audio Tech.	\$	_____Name/Phone _____
Video Tech.	\$	_____Name/Phone _____
Other	\$	_____
 TOTAL	\$	_____

Staff notes:



Sanctuary Sound/Video Request

Ministry _____

Date Submitted _____

Contact _____

Date Requested _____

Phone _____

Email _____

Equipment Needed:

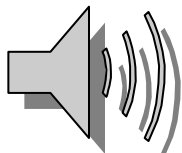
- Sound System
- Technician _____
name

- Choir Mic's/Boom Mic's
- Mic's ____ (how many?)
- Instrument Mic's ____ (how many?)

- Power Point
- Technician _____
name

Comments: _____

Approved by: AV/IT Approval



Family Center Sound/Video Request

Ministry _____

Date Submitted _____

Contact _____

Date Requested _____

Phone _____

Email _____

Equipment Needed:

- Family Center Sound System (CD player, DVD player, VHS player)
- Mic's ____ (how many?)
- Technician _____
name

I would like to show:

- a video clip from a DVD
- a video clip from a VHS

No PowerPoint or computer generated presentation available.

Approved by: Children's Assistant Director _____
AV/IT Approval _____