

First Unitarian Church of Cincinnati

Celebrating 177 Years of Liberal Religion

536 Linton Street
Cincinnati, Ohio 45219
513.281.1564 / fax: 1.888.220.8525
administrator@firstuu.com

FACILITIES USE CONTRACT

APPLICANT INFORMATION

Name of Individual _____

Name of Organization _____

Address _____

Telephone _____ Fax _____

E-Mail _____

On behalf of the applicant, the undersigned agrees to abide by the church’s facilities use policies set forth in the Rental Space Fee Schedule / Summary and the Facilities Use Policy Handbook.

Signature of Responsible Person _____

Phone Number _____ E-Mail _____ Date _____

EVENT INFORMATION

Description of Event _____

Date _____ Number to be in attendance _____

Time event begins _____ Time event ends _____

Space Requested:

- | | |
|---|--|
| <input type="checkbox"/> Sanctuary (250 capacity) | <input type="checkbox"/> Sr. High Room (10 capacity) |
| <input type="checkbox"/> Reception Area | <input type="checkbox"/> Fisher Room (10 capacity) |
| <input type="checkbox"/> Ellen Hall Room (75-90 capacity) | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other, specify _____ |

Type of Event:

- | | |
|--|---|
| <input type="checkbox"/> Wedding / Commitment Ceremony | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Memorial Service | <input type="checkbox"/> Recital |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Retreat |
| <input type="checkbox"/> Celebration Party | <input type="checkbox"/> Other, specify _____ |

Food / Refreshments Served; describe _____

Kitchen Requirements: _____

Equipment / Set-up Needs:

Tables – number and configuration _____

Chairs – number and configuration _____

___ **Sound System / Microphone** _____

___ **Piano** ___ **Organ** (by arrangement with Music Director, Kenny Smith: 513.546.1354)

FEES

Sanctuary \$ _____
Reception Area _____
Fisher Room _____
Sr. High Room _____
Ellen Hall Room _____
Kitchen _____
Other _____

Subtotal – Space _____

Piano/Organ _____
Sound Technician _____
Custodian _____
Other _____

Subtotal – Services _____

Minister (paid separately) \$ _____
Keyboardist (paid separately) _____

TOTAL CHARGES \$ _____

PAYMENT:

50% Deposit \$ _____
(payable with application)

Security Deposit:

Refundable \$ 100.00

BALANCE DUE \$ _____
(14 days before event)

CANCELLATION POLICY

Full Refund: Up to 14 days before event; **50% Refund:** 14 or fewer days before the event

Approved on behalf of the First Unitarian Church of Cincinnati

Name and Title _____ **Date** _____

OFFICE USE ONLY

Deposit Received Amount \$ _____ Date _____
Balance Received Amount \$ _____ Date _____

12/31/2007