

Date Received: \_\_\_\_\_ [ ] No conflicts [ ] Conflict exists; reschedule

# The First Church in Marlborough (Congregational)

## UNITED CHURCH OF CHRIST

37 High Street, Marlborough, MA 01752-2344

(508) 485-6297

### REQUEST OF INTENT TO USE FIRST CHURCH FACILITIES

*(This request must be scheduled and submitted to the Board of Trustees through the Church Office.)*

*“The mission of First Church in Marlborough (Congregational) is to welcome all to a positive environment for personal and spiritual growth through the worship of God; to foster a caring, friendly and inviting ministry of people who are committed to knowing God, God’s will and the teachings of Jesus Christ; and to reach out to all with Faith and Love.”*

Name of Group or Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Member of Church: [ ] Non-Member of Church: [ ]

Reason for use: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Will you be setting up/cleaning up yourself? Yes \_\_\_ No \_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**Be sure to add in set up /clean up time into your start and end times.**

Area Requested: Sanctuary [ ] Parish Hall [ ] \* Kitchen [ ] Classrooms [ ] Temple Room [ ]

\*If using Kitchen, will you be cooking? Yes [ ] No [ ] If not, what do you need kitchen usage for?  
\_\_\_\_\_

Furniture Requested: # of Chairs [\_\_\_\_\_] # of Tables [\_\_\_\_\_] Sound System [ ]

How many people will be attending your event? [ ] Will the Parish Hall stage be used? Yes [ ] No [ ]

Will any church staff or personnel be needed? \_\_\_\_\_ If so, who?  
\_\_\_\_\_

Do you, or someone from your group, have keys to the building? Yes [ ] No [ ]

Do you have insurance coverage? Yes [ ] No [ ] **This is required for long-term rentals, not one-time events.**

Special Notes: \_\_\_\_\_  
\_\_\_\_\_

**(go to page 2 for rules/regulations, fees and signatures)**

**RULES/REGULATIONS:**

- ❖ All use of the facilities must comply with local fire laws.
- ❖ Church functions receive schedule priorities (typically this would be for an unexpected funeral service).
- ❖ **Absolutely No Helium balloons are allowed in the building.**
- ❖ Please note that in the winter there will be an extra charge of \$50.00 if shoveling snow is required. This will be deducted from Damage Deposit if shoveling is required.
- ❖ Renter must provide their own trash bags and all trash needs to be bagged up and left in Parish Hall for First Church staff to load into our dumpster. There is a \$75.00 dumpster fee for an event over 100 people serving food on the property for trash removal.
- ❖ Rental area needs to be cleaned, lights out and building locked after use (to be locked by First Church unless renter has a key).
- ❖ A Damage Fee deposit of \$150.00 will be included in the total cost and would be refunded within 12 (twelve) business days after the event unless funds are withheld due to renter misuse.

**Requestor: Sign & date here that you have read rules/regulations and agree to comply with all:**  
**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Believing that we should be healthy emotionally and physically, as well as spiritually, First Church has chosen our facility to be one where smoking, drinking of alcoholic beverages and use of drugs is not permitted anywhere in our facility or on the Church property.**

**Rental & Damage Fees may be paid in one check payable to: First Church in Marlborough**

Total Rental Fee	\$ _____		
Damage Fee Deposit	\$ _____	X _____	
		Trustee Signature	Date
		X _____	
		Requestor Signature	Date

**Rental Fees**

Sanctuary Rental (_____ hours)	\$ _____
Parish Hall Rental (_____ hours)	\$ _____
Classroom Rental (_____ hours)	\$ _____

Kitchen Stove/Oven Use (\$100.00 flat fee)	\$ _____
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**If renter is using stove/oven, First Church will have a kitchen staff/church member on site**

Dumpster Fee over 100 Guests (\$75.00 flat fee)	\$ _____
Sexton Fee (\$50.00 flat fee)	\$ _____

<b>TOTAL RENTAL FEES</b>	<b>\$ _____</b>
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**ADDITIONAL DAMAGE FEE DEPOSIT**

\$150.00 flat fee	\$ _____
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FC Contact Opening/Closing Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_