

# AVENUE ROAD BAPTIST CHURCH FACILITY USE & RENTAL AGREEMENT

Name of Group: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (Postal Code) \_\_\_\_\_  
(Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_  
(Cell Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_

Dates of Use: \_\_\_\_\_ Time from: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Time from: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Time from: \_\_\_\_\_ to \_\_\_\_\_

Rooms and Equipment To be Used: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

I have received and read the guidelines and regulations for building use and I/we agree to abide by them. I have provided a copy of our Certificate of Insurance (minimum of \$2,000,000.00). Event will not be confirmed until proof of insurance has been received. If proof of insurance has not been received 7 days prior to event, the event will be subject to cancellation and forfeiture of deposit. Special events liability Insurance can be obtained from Robertson Hall Insurance - Access.

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTES/Special Instructions: By signing this contract you are agreeing to abide by all of the government Covid-19 restrictions, and it is exclusively your responsibility to track the vaccination status of all attendants.**

### FOR OFFICE USE ONLY

Rental Fees: Area 1: \_\_\_\_\_ Custodian: \_\_\_\_\_  
Area 2: \_\_\_\_\_ Sound Technician: \_\_\_\_\_  
Area 3: \_\_\_\_\_ Multimedia Equip: \_\_\_\_\_  
Administration: \$5.00 Equipment Use: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Storage Cupboard Assigned: \_\_\_\_\_

Deposit of \_\_\_\_\_ received on (date) \_\_\_\_\_  
Balance of \_\_\_\_\_ paid on (date) \_\_\_\_\_

A copy of the Certificate of Insurance has been provided with a minimum of \$2,000,000.00 YES NO N/A  
(For all groups/ARBC members, do not confirm booking without proof of insurance.)

Key and Security Code Needed: (Circle "Yes" or "No") YES NO  
If "Yes" have person responsible fill out ARBC Church Security Code & Key Request Form.

Approved by: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_  
Custodian on duty: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_  
Sound Technician on duty: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_