

Room Rental Regulations - First United Church

519-745-8487 x 201 firstunitedchurch@rogers.com

FIRST UNITED CHURCH POLICIES AND REGULATIONS

1. The contact person shall be responsible for the supervision of the rental space during the rental period. This includes the conduct of the persons attending and the equipment and space used.
2. Rental groups are responsible for their own insurance.
3. This agreement does not include the use of the church parking lot. All cars must be parked off the property.
4. Payment shall be made 2 weeks in advance. Payment will include rental, custodial costs and key. Custodial and AV Technician costs should be paid in cash or cheque to the individual.
5. This agreement is only for the rooms listed on the form here. No other rooms are included.
6. **All rooms are to be returned to the condition they were in at the beginning of the event.** Any damage, other than through normal use, will be charged to the contact person.
7. First United Church is a smoke free building and is striving to eliminate single use plastics. Please use reusable supplies or compostable items where possible.
8. Rental groups are encouraged to **take their recycling and compostables home** with them.
9. First United is an Affirming Church and as such we expect all users of our building to create a safer place for everyone; welcoming the gifts people bring as part of their sexual orientation, gender identity, gender expression, age, race, cultural background and/or abilities.
10. Food preparation shall be confined to the kitchen only. The kitchen is rented as a separate room.
11. **No alcoholic beverages may be served on church premises.**
12. **No gambling is permitted on church premises.**
13. **Sale of merchandise and services must be approved prior to rental.**
14. All fire exits must be unobstructed.
15. No flammable liquids may be used or stored in the building.
16. Please respect other groups and events in progress at the same time as your event.
17. The Property Committee is responsible for all rentals. Contact should be made through the church office.

Please return this signed form as soon as possible to secure your space.

Today's Date: _____

USER CONTACT INFORMATION

FIRST AND LAST NAME	
EMAIL	
PHONE	
ADDRESS	
NAME OF ORGANIZATION/GROUP	

DESCRIPTION OF USE/DATES

ACTIVITY	_____
EST NUMBER ATTENDING	
ONE-TIME DATE	_____
MULTIPLE DATES	
START/END TIME	
Your reservation time block must include time for you to set-up/take down and clean after use.	

ROOM PREFERENCE

Sanctuary	__	Hilliard Hall	__	Kitchen	__
Chapel	__	Parlour	__	Labyrinth Room	__
Narthex/Hallway	__	Classroom(s)	__		

2026 FACILITY FEES

ROOM	**HOURLY**	**ALL DAY (8am-4pm)** Hourly Rate will apply after 4pm	**ROOM SIZE**	**ROOM CAPACITY**
Sanctuary	$105	$525		450
Hilliard Hall	$105	$525		325 (216 for dining)
Kitchen		$40	600 sq ft	
Chapel	$80	$325		Seating for 60
Parlour	$45			40
Labyrinth Room	$80	$325		60
Narthex/Hallway	$20			
Classroom(s)	$45			

AV SYSTEM

	YES	**NO**
Sound System – Sanctuary ($100 Flat Rate)	_____	_____
Sound System – Chapel ($100 Flat Rate)	_____	_____
Sound System – Hilliard Hall ($100 Flat Rate)	_____	_____
Microphones (included)	_____	_____
LCD Projector ($100 Flat Rate)	_____	_____
Overhead Screen(s) ($25 Flat Rate)	_____	_____
TV/VCR ($30 Flat Rate)	_____	_____
AV Technician ($25 per Hour-paid separately)	_____	_____

Note: AV Systems must be operated by First United AV Technician.

SET UP

Tables/chairs	__	Number tables	__	Number Chairs	__
Layout Provided	__	Lecturn	__	Projector	__

Date of event **Concert Time** **Time In** **Time Out** **Fee**

Total Payable to First United Church **$00.00**

Payment to First United Church **$**

PAYMENT: ETransfer _____Cheque _____Cash ____ Date Received: _____
(ETransfer to – firstunitedchurch@rogers.com)

Separate cheques/cash are required:
Custodial/Security Fees Setup and take down $25 per hour x _____ hours = _____
(**To be determined)**

AV Team __**(To be determined)**_____ $25 per hour x _____ hours = _____

I hereby agree to this contract and the policies and regulations as listed above

Group Contact Person: _____Date: _____
(signature)
Certificate of Insurance Provided Y ❑ N ❑

Property Committee Authorization: _____ Date: _____
(signature)