

Shiloh Baptist Church
"A Church Determined to Know Christ"
629 S. Pershing Ave.
York, PA 17401
717-854-2547
Dr. Jasmin "Jazz" Sculark, Pastor
Trustee Cheryl Rascoe, Facility Manager

REQUEST FOR USE OF FACILITIES

The following facilities are requested to be reserved:

(*A \$100.00 non-refundable deposit must accompany this facility form to secure the date and space.)

Room _____ Building _____ Kitchen _____

Dining Facilities _____ Other _____

Number to be provided for _____

Room arrangement instructions (Draw and attach diagram of floor plan for requested space)

Date desired _____ Time: From _____ To _____

Group making request _____

We agree to abide by the facilities policies and understand fully the facilities use charge. We will forward the deposit at least three days prior to the date of the event.

(Group Representative Printed Name)

(Group Representative Signature)

Address _____ Phone Number _____

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USE OF FACILITIES QUESTIONNAIRE

This questionnaire must be completed and submitted to Trustee Cheryl Rascoe, for review and approval before any individual or organization, which is not affiliated with our ministry, will be allowed use of ministry facilities.

I. GENERAL INFORMATION

A. Name of Requesting Organization: _____

Address: _____

_____ Phone: (____) _____
City State Zip

Contact Person: _____ Position in Organization: _____

Reference: _____

Address (if different from above): _____

Phone (if different from above): (____) _____

B. Ministry Purpose of Organization: _____

Primary Activity in which the Organization is engaged: _____

C. Is this Organization organized or operated for profit? Yes _____ No _____

D. Is the Organization a Non-Profit Religious Organization engaged in exempt activities? Yes ___ No ___

If yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization Brochures, Letter of Recommendation or other source of information disclosing your religious purposes or orientation.

E. Have you made contact with any local non-exempt facilities (i.e. convention center, etc.)? Yes__ No__

Reason(s) non-exempt facilities are not appropriate for your proposed activity:

II. EVENT INFORMATION

A. What is the purpose and/or nature of the proposed activity your organization intends to sponsor in/on our facilities? Please describe the proposed activity in detail and/or furnish us a copy of the program outline.

B. Date(s) Requested _____ Time(s) Requested _____

C. How will event participants' entry be controlled? Check appropriate category(s)

1. Pre-sold tickets.
 2. Admission fee at door.
 3. Open (free) admission to all.
 4. Pre-registration members and/or guests.

D. Will there be a financial charge to attendees? Yes ___ No ___

How much will it be? _____

E. Will anything be sold or distributed in association with the event? Yes ___ No ___

If yes, describe _____

F. How many people are expected to attend event? _____

G. What portion of our facilities will be utilized in conjunction with this event? (Please specify on a room by room basis) _____

H. Which of the following listed manpower needs would be expect our ministry to provide?

- Parking Attendants
 Ticket Takers
 Ushers
 Registration Personnel
 Other (Describe) _____

I. Special Set-up Requirements – Please describe below in detail any proposed furnishing set-up needs by time of need and number of items.

J. Technical Services – Please describe below in detail, sound, lighting, staging, musical, audiovisual and any other services which will require assistance by our Technical Services staff.

K. Food Services – Please describe below in detail any proposed food services associated with this event and who you plan to provide these services.

III. CONCLUDING INFORMATION

This questionnaire will be reviewed and our response will be returned to you by mail. If you have any additional questions, please feel free to call us at 717-854-2547 X 33.

Please return this completed form and appropriate attachments to:

Shiloh Baptist Church
Attn: Trustee Cheryl Rascoe
629 S. Pershing Ave.
York, PA 17401

Please furnish any additional information or explanations which you feel would be helpful in evaluating your request.

Printed Name of Requesting Organization Representative

Signature of Requesting Organization Representative

Date

FOR MINISTRY INTERNAL USE ONLY

Ministry Liaison Person _____

Request: Approved _____ Denied _____

By _____ Date _____

Signature

Comments Regarding Decision _____

Date follow-up letter was sent to requesting organization: _____

This agreement by and between Shiloh Baptist Church, located at 629 S. Pershing Ave. York, PA 17401 and (user's name) _____ (user's address) _____, will take effect on the (day) _____ of (month) _____, (year) _____, and will continue for a period of (time period) _____.

Whereas, owner owns a building located at (complete address) _____

which is normally used for _____ (type of use), and whereas, user desires to use the _____ (area of building) for the purpose of the building provided that the following terms and conditions are met.

IT IS THEREFORE AGREED BY AND BETWEEN THE PARTIES:

1. Owner hereby agrees to let User use the above described building for the use described above on _____ (describe times and days of usage). _____ is the contact person for owner and _____ is the contact person for user to coordinate the details of usage.
2. User agrees to abide by any rules for the use of the building which are so attached.
3. User promises and warrants that it carries liability and medical payments exposures resulting from User's use of Owner's building. User will have Owner named as an Additional Insured on User's policy and will provide a Certificate of Insurance to Owner showing Owner as an Additional Insured on User's policy and will provide a Certificate of Insurance to Owner showing Owner as an Additional Insured. **User must provide proof of insurance.**
4. User agrees to hold harmless, indemnify and defend Owner from any and all liability which may result from any person using the building, its entrances and exits, and surrounding areas for User's purposes.
5. User agrees to be responsible for preparing for use and returning to the preuse condition all areas of the building which User will use, including entrances and exits.
6. User agrees to conduct a visual inspection of the building, including entrances and exits, prior to each use, and warrants that the building will be used only if it is in a safe and non-hazardous condition.
7. This agreement may be canceled by either party within 14 days written notice.

Dated this _____ day of _____, _____.

Signature and Position with Owner

Signature & Position with User