

Application: Request for using Greenville Alliance Church Buildings/Grounds

Date Application Submitted: ____/____/____

Note: *The application must be submitted at least one month prior to requested date of use.*

Building/Facility Requested (circle): Fellowship Hall Worship Center Other _____
ALC (List ALC specific areas) _____

Person submitting application: _____ **Date of Event:** ____/____/____
(Please print.)

Phone Number: _____ E-mail address: _____

Ministry or organization requesting use of building(s): _____

Explain the purpose for the activity or event: _____

Describe in detail the activity or event: _____

Event to include: Meal Sport Activity Seminar
(Please attach additional page if needed.)

Contact person for the activity/event: _____ Phone # _____

Will there be any fee charged for participants attending the activity/event? (circle one) Yes No
If so, what amount _____ If yes, describe what the proceeds will be used for:

Estimated number of people participating _____ Age range _____

Dates and times you will need access to the building for preparation and clean up:
Date ____/____/____ Time open: _____ Time closed: _____ (Note AM or PM)
Date ____/____/____ Time open: _____ Time closed: _____ (Note AM or PM)

Note: Heat / AC are preset at a base temperature. If you desire it to be adjusted for set up or for the time of your event please submit your request here. _____

List of needed equipment/access (please circle and list number)

Will you need tables? Yes No How many? _____ Will you need chairs? Yes No How many? _____

Please list any other needed equipment: _____
Presentation equipment is not provided (microphone, sound equipment, screens, laptops, projectors, etc.)

Will you need access to the kitchen? Yes No

Note: The kitchen is a serving kitchen only: ovens and stoves are not available for food preparation.

ALC - Please let the ALC coordinators know if your event/activity has been canceled. Worship Center/Fellowship Hall - Please let the office know if your event/activity has been canceled. If this is for a GAC Ministry activity it is up to the ministry leader to make scheduled arrangements.	(see other side)
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Please provide the signatures and addresses of two responsible parties of your ministry, group or organization who will accept responsibility for adherence to the GAC policy governing the use of building/grounds. By signing, you acknowledge that you have read the policy and understand and agree to enforce the guidelines and conditions stated in the policy to include the Statement of Faith. You also agree to return the use of the facility in the condition you found it prior to your use. This will include the cleaning of the building, restoring tables and chairs to the same set up prior to use of the building and reimbursement for any expenses resulting from damage or additional cost of cleaning required.

If applicable check here: _____ As the requesting party we understand that we are responsible to meet all state regulations governing child safety to include all relevant clearances.

****Attach copy of Insurance of liability.**

Responsible Parties (please complete)

1 Name (Printed): _____ Phone Number: _____

Address: _____

E-mail Address: _____ Signature: _____

2 Name (Printed): _____ Phone Number: _____

Address: _____

E-mail Address: _____ Signature: _____

Method of Payment Upon approval and prior to the event **or** * included with the application. Checks should be written to: Greenville Alliance Church. (*Monies submitted with the application will be returned if it is not approved.)

(check one:) _____ cash _____ check _____ #

Application for the ALC building should be returned to the ALC Coordinators.

Application for the Worship Center or Fellowship Hall should be returned to the church office.

For GAC ALC Coordinator (s) / Governance Authority Use Only

Approval granted by: _____ Date ____/____/____
(ALC Coordinator)

If Needed:

Approval granted by _____ Date ____/____/____
(Secretary of Governance Authority or Pastor)

Application not approved: _____ Date ____/____/____

Supervisor(s) assigned to oversee activity/event: _____

Person responsible for security check and locking doors: _____

Assessment: (Please provide a written observation of the activity/event and if the people responsible adhered to the guidelines of the policy on use of the building and grounds)