

PEACE MENNONITE CHURCH
Meeting House Use Application & Agreement

Date of Request: _____

Date of Event: _____ Starting Time: _____ Ending Time: _____

Name of Individual or Group: _____ # of Attendees: _____

Type of Event: _____

Requesting: Sanctuary _____ Kitchen (full use) _____ Kitchen (serve snacks) _____ Library _____
North Classroom _____ South Classroom _____ AV Equipment _____ PMC Host _____

Group Contact: _____ Phone #: _____

Address: _____

Email: _____ Alt Phone #: _____

Name of Approved Host: _____ Phone #: _____

Other information or requests: _____

I and/or my group accept responsibility for the care of all PMC property. I assure that cleaning, repositioning, and returning of church property will be completed before leaving. Damages and/or missing property can be replaced by me or my group upon approval from the PMC Coordinating Committee, or will be deducted from my deposit. I understand that I can be assessed a fee over my deposit amount if damages or cleaning services exceed my deposit amount. I understand that my deposit will not be returned until a thorough inspection of all property has been conducted, and that PMC has up to two weeks to return my deposit, if warranted. I agree to provide proof of General Liability insurance with this application. By signing this agreement, I acknowledge reading PMC's Meeting House Use Policy and agree to all conditions.

Fees for One-Time Use (up to four-hour period):

- Sanctuary \$75.00
- Classrooms/Library \$25.00 Each
- Kitchen (full use) \$75.00
- Entire Facility (excluding AV and offices) \$150.00
- Additional fee for use of audio visual equipment \$25.00

Signature: _____ Date: _____

Please write two separate checks: one for the \$100 deposit amount, and one for the rental use fee. Make checks payable to 'Peace Mennonite Church'. Application and payment may be mailed to the church (P.O. Box 451, Lawrence, KS 66044) or brought to the church office (615 Lincoln St, Lawrence, KS 66044), which is generally open Tuesdays and Thursdays from 9:00am – 2:00pm.

Application Approved By: _____ Date: _____

- Office Use Only

Use Fee Paid \$ _____ Ck # _____ Deposit Paid \$ _____ Ck # _____ Date _____

See attached Inspection Report Damaged Property Fee Assessed \$ _____ Date _____

Deposit Returned or Excess Paid \$ _____ Method of Deposit Return _____