

**LYALL MEMORIAL FEDERATED CHURCH**  
**PO Box 426, 30 Maple Avenue**  
**Millbrook, New York 12545**  
**(845)677-3485**

**APPLICATION FOR USE OF BUILDING OR EQUIPMENT**

By public groups or individuals for events and/or programs

DATE OF APPLICATION \_\_\_\_\_

NAME OF PROGRAM/ORGANIZATION \_\_\_\_\_

APPLICANT (Contact person) \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

If application should be mailed to different address: \_\_\_\_\_

**DETAILS CONCERNING EVENT**

Describe event: \_\_\_\_\_

Space Requested: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s) start: \_\_\_\_\_ end: \_\_\_\_\_

Number Attending: Adults \_\_\_\_\_, Youth \_\_\_\_\_

If food is to be served describe: \_\_\_\_\_

Equipment or services required: \_\_\_\_\_

**GENERAL LIABILITY INSURANCE COVERAGE:**

1. If existing is a copy on file in our office? Yes / No
  - a. Date(s) of Coverage: \_\_\_\_\_ to \_\_\_\_\_
  - b. Bodily injury amount \$ \_\_\_\_\_
  - c. Property damage \$ \_\_\_\_\_
  - d. Product & completed operations \$ \_\_\_\_\_

If application is approved, a Certificate of Insurance naming Lyall Memorial Federated Church as "Additional Named Insured" is to be provided.

**ORGANIZATION CRITERIA**

1. **Mission:** To help us determine if your organization is related to our church mission please provide some information regarding your mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Service to the Community:** Please circle which best describes your group:

Church Event / Social Services Activity / Cultural enrichment / Private interest group

**Funding Basis:** Please check which best describes your organization:

- \_\_\_\_ Volunteer (completely)  
\_\_\_\_ Non-profit with staff (minimal funding)  
\_\_\_\_ Non-profit with staff (stable & adequate funding)  
\_\_\_\_ For profit

EVENT CRITERIA

1. Fees For Activity: Will a fee be charged of your participants? Yes / No  
If yes, how much? \_\_\_\_\_

2. Cost To The Church : Refer to “*Church Use and Rental Policy*” for basic rules and fees.

Groups and individuals are expected to clean up the areas used. If your group cannot return tables and chairs to original setup (including clean surfaces and floors) and use the brooms, mops or vacuums, an additional fee of \$50.00. Please attach details as to what cleaning and/or moving of equipment might be requested. NOTE: Additional care is required during Winter months, due to snow and wet conditions.

OTHER INFORMATION YOU THINK WE SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant pending approval for use of facilities, as specified above, agrees to abide by the “*Church Use and Rental Policy*”, which is attached and is a part of this Agreement. Further, Applicant agrees to be responsible for the proper use and care of all property used, and will reimburse the Church, for any damage or loss incurred. If different from Applicant, the assigned leader during the event is:

Phone \_\_\_\_\_

It is understood between the parties that any violation of the terms and conditions of this Agreement may be considered sufficient reason for the Church to review the violation, suggest a remedy and/or cancel the Agreement.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
Program/Organization

**Please remember to lock up and turn out the lights in all rooms (restrooms!) after you are done. Thank you.**

ACTION BY CHURCH (to be filled in by Trustees)

- 1. Rental fee \$ \_\_\_\_\_ (including extras listed here \_\_\_\_\_)
- 2. Deposit \$ \_\_\_\_\_ paid. \_\_\_\_\_ due on \_\_\_\_\_
- 3. Special requirements (insurance, key...) \_\_\_\_\_
- 4. Board of Trustees: Approved / Denied

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
Lyall Memorial Federated Church