

**Upon completion, please email this form to** [**Trinitytempleinfo@yahoo.com**](mailto:Trinitytempleinfo@yahoo.com)

285 Dixwell Avenue

New Haven, CT 06511

(203) 776-8179

FACILITY RENTAL FORM

Payment for facility use is to be given to the secretary upon booking. **Checks are to be payable to:** New Trinity Temple Church of God 285 Dixwell Ave, New Haven, CT 06511 (203) 776-8179

Name of Person/Group Booking Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Contact Person *(if different from above)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Function:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Date Year S M T W TH F S Time(s) Times Required: *(Set-up and clean-up times must be included in the hours)* From \_\_\_\_\_\_\_\_\_AM To\_\_\_\_\_\_\_\_\_ PM Event Start Time:\_\_\_\_\_\_\_\_\_\_ AM or PM

Rehearsal time required? Yes Date and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Facility or Service | Rental Fee \* | Total |
|  | Church Rental-$\_\_\_\_/day (for Wedding this includes a rehearsal date/time | $\_\_\_\_\_\_\_\_.00 | $ |
|  | Open/Close fee (see #3 on reverse) | $\_\_\_\_\_\_\_\_.00 | $ |
|  | Clean up fee (see #3 on reverse) | $\_\_\_\_\_\_\_\_.00 | $ |
|  | Damage Deposit | $\_\_\_\_\_\_\_\_.00 | $ |
|  | Set up fee (see #3 on reverse) | $\_\_\_\_\_\_\_\_.00 | $ |

**Sound System and PowerPoint:** If renter requires the use of the sound system and/or PowerPoint, the church secretary will direct you to a person who is qualified to run both systems. Payment is made directly to the person that the renter has made arrangements with.

**THE NEW TRINITY TEMPLE CHURCH RENTAL POLICIES AND RATES**

1. Please include a fax number so confirmation can be faxed to you. (There is space on the front of this form for your fax number).

2. This church is a smoke-free building.

3. Additional charges apply if renter requires a staff member to a) open/close the building — $\_\_\_\_.00. b) set up tables, chairs, etc. — $\_\_\_\_.00 c) clean up, i.e., put away tables, chairs, vacuum carpets, mop floors, tidy washrooms, etc., — $\_\_\_.00 **The renter has the option to set up and clean up themselves, with no additional charge**.

4. All renters ordinarily will conduct their functions to permit the closing of the facility by \_\_\_ pm Monday to Friday and by \_\_\_\_ pm Saturday and Sunday. (In certain circumstances, these times may be extended).

5. Any damage to equipment or facilities, other than from normal use, shall be the responsibility of those renting the facility. All fees for rental of facilities and equipment are payable to The New Trinity Temple Church and delivered to the secretary upon booking. will pay its staff as required. A damage deposit of $\_\_\_\_ is required. Damage deposit will be returned to renter if facilities are left in satisfactory condition (determined by staff).

6. Indemnification: It is an express term of this agreement that the Renter indemnifies the Church for any costs or damages of any kind incurred by the Church, as a result of the rental of the facility by the Renter.

7. All bookings and arrangements must be made through the church secretary at least two weeks prior to the event.

8. Cancellation: A full refund will be given if cancellation notice has been given \_\_\_\_ weeks prior to the event. Anything less than \_\_\_\_ weeks’ notice , one-half of the payment will be refunded.

**RENTAL AGREEMENT** Signatures on this form indicate the agreement of the renter to the terms and conditions, and the approval of the rental application by The New Trinity Temple Church.

Facility Rental to be paid in full along with this form: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renter’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please print Approval from:\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

Copies to be sent to: File \_\_\_ Confirmation Sent \_\_\_ Treasurer \_\_\_ Custodian \_\_\_

Administration \_\_\_ Kitchen Committee \_\_\_ Audio/Visual Technician \_\_\_

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