

**CALVIN PRESBYTERIAN CHURCH, NORTH BAY, ONTARIO**  
**APPLICATION FOR USE OF CHURCH FACILITIES – SINGLE EVENT**  
**CONFIDENTIAL WHEN COMPLETED**

Kindly return the completed and signed form to the office administrator for dissemination and/or approval of the Facilities team and Session as required. You may mail the completed application to 401 First Avenue West, North Bay, ON P1B 3C5, submit it in person at the church office, or drop it in the mail slot on the doors facing First Ave West.

Name of Group/Organization: \_\_\_\_\_ Contact #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Event:		
Description of Event:		
Date:		
Time of Event: <i>(Details to include date and time of setup, cleanup, etc.)</i>		
Number of People:		
Is this for profit?	Yes	No
Is food being served?	Yes	No

Special Requirements	Yes	No
Kitchen		
Fridge		
Stove		
Dishwasher		
Tables/Chairs    If yes, number required		
Other		

Recommended Room: \_\_\_\_\_

Proof of Insurance: YES     NO     Policy # \_\_\_\_\_

Please note or attach additional information pertinent to this application as required.

*Note: I acknowledge that use of Calvin church facilities by myself/group will be subject to pre-emption of the approved time and/or facility, by Calvin church group(s) or organization(s), as may be deemed necessary from time to time. Notice of such pre-emption will be given as early as possible.*

*Further, I acknowledge and agree that Calvin may, at its sole discretion and at any time, terminate any individual or group's future use of the Calvin church facilities. Calvin reserves the right to change policies/rules of church usage (advance notice will be provided as much as possible).*

*I acknowledge that none of the intended attendees pose a risk, of personal safety or otherwise, to the employees, members or guests of Calvin Presbyterian Church.*

*Lastly, I acknowledge that Calvin is not responsible for lost, stolen, or damaged items.*

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

INVOICE TO: \_\_\_\_\_

RENTAL FEE: \$ \_\_\_\_\_ OTHER FEES: \_\_\_\_\_

SESSION APPROVAL (if applicable): \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

RENTAL/KEY AGREEMENT COMPLETED: YES  NO  DATE: \_\_\_\_\_

NAME OF KEY HOLDER: \_\_\_\_\_ PHONE # \_\_\_\_\_

KEY NUMBER: \_\_\_\_\_ RETURNED: YES  NO

DATE: \_\_\_\_\_