

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

Requests for the use of the Calvin Presbyterian Church (CPC) sanctuary must be made a minimum of 4 weeks prior to the first Tuesday of the month.

Mail the completed application to: 401 First Avenue West, North Bay, ON P1B 3C5; or in person, drop application into the mail slot on the wooden doors facing First Ave West.

Only groups approved by Session may use the sanctuary.

You will be contacted by CPC re approval.

Name of group/organization: _____

Contact person: _____ Telephone: _____

Email address: _____

Type of Event: Recital <input type="checkbox"/> Concert <input type="checkbox"/> ORMTA <input type="checkbox"/> RCM <input type="checkbox"/>		
Other <input type="checkbox"/> Explain: _____		
Date: _____	Time of Event: _____	
Total Time: Details to include date and times of set-up; rehearsal; event; clean up, etc.		
Number of People: _____ MAX #: Sanctuary		
Grand Piano requested	Yes	No
NB-ORMTA Approval for Piano	Yes	No
Sound System Approval	Yes	No

Other Rooms Requested	Yes
Balcony MAX #:	
Foyer	
Kitchenette	
Is food being served?	
Lower Hall *	
Lower Kitchen *	
* Additional Cost	

Royal Conservatory of Music / Kiwanis Festival			
	Yes	No	
Quiet Space for Testing			Room: _____
Room for Practicing			Room: _____

Proof of Insurance: **YES** **Policy #** _____

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

Note: I acknowledge that the use of CPC facilities by my group may be subject to pre-emption of the approved time and/or facility, by CPC, as may be deemed necessary.

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. As well, Calvin reserves the right to change policies/guidelines of church usage.

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

I acknowledge that our group is responsible for ensuring the security of the entrances.

Any damages incurred in the use of the facilities will be covered by the applicant.

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

Signature: _____ Date: _____

<u>FOR FACILITY TEAM USE ONLY</u>	
INVOICE TO: _____	
RENTAL FEE: \$ _____	OTHER FEES: _____
SESSION APPROVAL: _____	
APPLICATION APPROVED BY: _____	DATE: _____
_____	DATE: _____
RENTAL/KEY AGREEMENT COMPLETED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____	
NAME OF KEY HOLDER: _____	PHONE # _____
KEY NUMBER: _____	RETURNED: YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>OFFICE USE ONLY</u>	
BOOKINGS PRIOR TO: _____	
BOOKINGS AFTER: _____	

Sanctuary Rental Rates	ORMTA	NON-ORMTA
Half day (1-4 hours)	\$50	\$75
Full day		\$275
Sound System	\$50	\$50
Security provided by CPC	\$50	\$50