

First Unitarian Church of Cincinnati

536 Linton Street
Cincinnati, Ohio 45219
513.281.1564 / fax: 513.281.0137
operations@firstuu.com

FACILITIES USE CONTRACT

APPLICANT INFORMATION

Name of Individual (Contact Person) _____

Name of Organization (or Person Using Facilities) _____

Address _____

Telephone _____ Fax _____ E-Mail _____

EVENT INFORMATION

Description of Event _____

Date(s) _____ Number to be in attendance _____

Time event begins _____ Time event ends _____

Space Requested:

- | | |
|---|--|
| <input type="checkbox"/> Sanctuary (250 capacity) | <input type="checkbox"/> Sr. High Room (10 capacity) |
| <input type="checkbox"/> Reception Area | <input type="checkbox"/> Fisher Room (10 capacity) |
| <input type="checkbox"/> Ellen Hall Room (75-90 capacity) | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other, specify _____ |

Type of Event:

- | | |
|--|---|
| <input type="checkbox"/> Wedding / Commitment Ceremony | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Memorial Service | <input type="checkbox"/> Recital |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Retreat |
| <input type="checkbox"/> Celebration Party | <input type="checkbox"/> Other, specify _____ |

Is the event private? _____ or open to the public? _____

Do you have any concern or information suggesting extra security should be hired for all or part of your event? _____ If so, please explain. _____

Food / Refreshments Served; describe _____

Serving alcohol? Y N If yes, see Attachment A, Rules and Restrictions

Kitchen Requirements: (a or b Renting Space in our Building) _____

Equipment / Set-up Needs:

Tables – number and configuration _____

Chairs – number and configuration _____

Sound System / Microphone _____

Piano Organ (must be pre-arranged with our Music Director at music@firstuu.com)

FEES

Sanctuary \$ _____
Reception Area _____
Fisher Room _____
Sr. High Room _____
Ellen Hall Room _____
Kitchen _____
Other _____

Rental Fees Waived (Committee Sponsored Event) Committee Sponsor _____

Subtotal – Space \$ _____
Piano/Organ \$ _____
Sound Technician _____
Custodian (required) _____
Other _____

Subtotal – Services \$ _____

Minister (paid separately) \$ _____
Keyboardist (paid separately) \$ _____

TOTAL CHARGES \$ _____

PAYMENT:

50% Deposit \$ _____
(payable with application)

Security Deposit:

Refundable \$ 250.00

BALANCE DUE \$ _____
(14 days before event)

Full Refund: Cancellation up to 14 days before event; **50% Refund: Cancellation** 14 or fewer days before the event

ACCEPTANCE OF CONTRACT

On behalf of the applicant, the undersigned agrees to abide by the church's facilities use policies set forth in the Rental Space Fee Schedule (Renting Space in Our Building) and the Facilities Use Policy Handbook.

Signature of Person or Organization's Authorized Agent _____

Phone Number _____ E-Mail _____ Date _____

Approved and accepted on behalf of the First Unitarian Church of Cincinnati

Name and Title _____ Date _____

OFFICE USE ONLY

Deposit Received Amount \$ _____ Date _____
Balance Received Amount \$ _____ Date _____
Proof of insurance received if alcohol served _____ Date _____