**Facility Usage Request Form (Updated July 2021)**

**Audubon Park Covenant Church**

3219 Chelsea Street Orlando, Florida 32803 | www.audubonparkchurch.com

407-894-6351 | audubonparkcovenantchurch@gmail.com

**Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group or Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Numbers: (home)\_\_\_\_\_\_\_\_\_\_\_\_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe the scope & detail of activities which will be taking place:** *please write on back or end of application if you need additional space*

**Date(s) of use: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area(s) to be used:**

**\_\_\_\_\_ Sanctuary \_\_\_\_\_\_ Outdoor Grounds**

**\_\_\_\_\_ Fellowship Hall For Event \_\_\_\_\_\_ Fellowship Hall for meal**

**\_\_\_\_\_ Kitchen for food prep**

**\_\_\_\_\_ Special Requests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas** **APCC Member Non-Profit** **Non-member**

(1) Sanctuary $25/hour $35/hour $50/hour \_\_\_\_\_\_\_

(2) Fellowship Hall for meeting, $25/hour $35/hour $50/hour \_\_\_\_\_\_\_

event,etc.

(3) Kitchen $25/hour $35/hour $50/hour \_\_\_\_\_\_\_

(4) Outdoor Grounds $15/hour $20/hour $25/hour \_\_\_\_\_\_\_

 **Total Fee for use: \_\_\_\_\_\_\_**

**DATE RESERVATION FEE DEPOSIT OF $50 IS DUE WHEN DATE IS RESERVED**

*Date reservation fee deposit will be credited to the total amount due (non-refundable if cancelled)*

**Balance of Fees is due no less than 7 days before the event.**

**Checks should be made out to: “Audubon Park Covenant Church.”**

Deposits & fees submitted: $ \_\_\_\_\_\_\_\_\_\_ check # \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Authorized Church Representative**

**Notes: Y/N Applicant initial receipt of this written agreement.**