

## **BUILDING USE REQUEST FOR CPC AFFILIATED GROUPS**

Individuals or groups directly affiliated with Central Presbyterian Church use this form to request use of the church building. All applicants should be compliant with the policies that govern the building's use, including child protection policies. Your request is subject to approval by the CPC Session (Ruling Elders) and the Board of Trustees. Submit your request to the church office one month prior to the event; sanctuary use requires two months' notice. All fees and charges are estimated and are to be paid prior to the use. Refunds or additional charges will be reconciled within a week of the scheduled use.

Generally, we do not allow use of the church for any of the following:

- Events that do not correspond favorably with the mission and teachings of the church
- Activities held for financial gain
- Private, secular enterprises including social events
- Events requiring more than a maximum of four hours of church occupation
- Events for which church personnel (e.g. a monitor, custodian) are not available for support
- Events that are not scheduled to conclude by 9:00 pm
- Events that would potentially exceed room occupancy limits
- Events involving the preparation or serving of food without an on-site licensed food handler

Date(s) of event: [Enter date(s) requested]

**CENTRAL PRESBYTERIAN CHURCH  
BUILDING USE REQUEST FOR CPC AFFILIATED GROUPS**

**Date of application:**

**Ministry or Group Name:**

**Primary Contact:**

Telephone number:

Mobile:

Email address:

**Secondary Contact:**

Telephone number:

Mobile:

Email address:

**EVENT DETAILS**

**Name of Event:**

**Description and purpose:**

**On-site Contact (will be present at event):**

Telephone number:

Mobile:

Email address:

**Event Dates and Times**

*For events spanning several days, please specify the start and end time on each date of the event. All events must conclude by 9 p.m.*

<b>Date:</b>	Start time:	End time:
<b>Date:</b>	Start time:	End time:
<b>Date:</b>	Start time:	End time:

**Recurring?** *If yes, state frequency (e.g. monthly, first Tuesday):*

**Maximum number of attendees:**

**Rooms and layout**

Choose the type of room you'd like and indicate the number of tables and chairs you'll need.

**Classrooms**

Indicate the number of classrooms you'd like to use and room numbers if you know them.

Number needed: \_\_\_\_\_ Specific Room Numbers: \_\_\_\_\_

**Special Rooms**

Place an "X" in the field for the rooms you'd like to use

Prayer Room	Room 117	Room 120	Room 121
Fellowship Hall	Sanctuary	Nursery	Narthex

**Child Care**

If the proposed use includes the provision for child care in a room that is separate from the general assemblage the applicant must fully adhere to the requirements of the church's Child Protection Policy.

Is a separate child care room being requested? [Choose one]

Have CPC Child Protection Policies been met? [Choose one]

**Table and chairs**

Indicate the number of tables and chairs you require in the fields below. Events requiring a specific layout of tables and chairs must include an attached detailed diagram showing the positioning of the tables and chairs.

Chairs \_\_\_\_\_ 8-foot tables (seats 8-10) \_\_\_\_\_ Café tables (seats 4) \_\_\_\_\_

**Kitchen**

Use of the kitchen is governed by policies that must be reviewed by the applicant before the request is made. Generally, the less "invasive" the use, the more favorably the request will be viewed. Full use of the kitchen includes food storage, food preparation and/or food service for a substantial gathering. Minimal use would involve the preparation of hot beverages and clean up following the serving of prepared snacks, i.e. no cooking or heating of food. Catered events are permitted as long as the kitchen is used minimally and a professional caterer or approved licensed food handler is on site for the event and assumes full responsibility for the safety of the consumers.

**Describe proposed use of the kitchen, including the equipment and serving ware you expect to use:**

**Describe how you will fulfill on the need for the proper supervision of food preparation and service using a certified food handler.**

**Name of Certified Food Handler:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Approve or Disapprove \_\_\_\_\_  
Trustee name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve or Disapprove \_\_\_\_\_  
Session name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant informed by \_\_\_\_\_ on this date \_\_\_\_\_.