

**FACILITY REQUEST AND AGREEMENT FORM**  
**Church & Main Street Fellowship - The Hangar**

**(1) Introduction:**

This form is intended to facilitate the use of church facilities by **Church & Main Street Fellowship** members and approved external individuals & groups. The form ensures that facility use aligns with the church's mission and adheres to our values and legal obligations.

**(2) Requestor Information:**

- Requestor's Name: \_\_\_\_\_
- Organization/Group Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**(3) Event Information:**

- Name of Event: \_\_\_\_\_
- Type of Event: \_\_\_\_\_
- Expected Number of Attendees: \_\_\_\_\_
- Date(s) of Event: \_\_\_\_\_
- Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- Are there recurring dates?            Yes / No
- If yes, please list all dates and times: \_\_\_\_\_

**(4) Facility Requested:**

- Specific room/space requested: THE HANGAR COMMUNITY CENTER

**(5) Purpose of Use:**

- Describe the purpose and nature of the event:

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**(6) Compliance and Acknowledgments:**

- Will there be food or beverages served? Yes / No
- Will there be any external vendors or third-party services? Yes / No
- If yes, details:

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- Do you require any special equipment or technology? Yes / No
- If yes, please specify:

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**(7) Financial Responsibilities:**

- Fee Acknowledgment:

- Total Estimated Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

- Deposit Required: Yes / No \$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

- Balance Due Date: Yes / No \$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

- Balance Paid: Yes / No \$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**(8) Insurance and Liability:**

- Proof of Insurance Required: Yes / No
- If yes, Proof of Insurance Provide: Yes / No
- Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**(9) Acknowledgment of Terms and Conditions:**

- Read and agree to comply with the Church Facility Use Policy.
- Understand that failure to comply with these terms may result in termination of facility use privileges and financial liabilities.
- Acknowledge that the church reserves the right to cancel any event due to emergent needs or policy violations without prior notice.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone:

\_\_\_\_\_

Email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone:

\_\_\_\_\_

Email: \_\_\_\_\_

**For Office Use Only**

- Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_
- Approved: Yes  No  Date: \_\_\_\_\_
- Payment Received: Yes  No  Date: \_\_\_\_\_
- Insurance Information Received: Yes  No  Date: \_\_\_\_\_