

# APPLICATION FOR EVENT USE OF CHURCH FACILITIES

Community Presbyterian Church "CPC"  
417 N. William Post Falls, ID 83854 (208) 773-2527

DATE OF REQUEST \_\_\_\_\_

**PLEASE NOTE THAT GROUPS USING THE CHURCH MUST BE NON-PROFIT AND NON-POLITICAL. NO SMOKING OR ALCOHOL PERMITTED IN THE FACILITY. DOORS ARE TO BE LOCKED AFTER USE AND NOT LATER THAN 9:30PM.**

PURPOSE OF GROUP \_\_\_\_\_

PURPOSE OF USE \_\_\_\_\_

NAME OF REQUESTING GROUP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE(S) OF DESIRED USE \_\_\_\_\_

BEGINNING TIME \_\_\_\_\_ ENDING TIME \_\_\_\_\_

ROOM/S TO BE UTILIZED \_\_\_\_\_

IS A CPC CHURCH MEMBER TO BE PRESENT? (Y/N) NAME \_\_\_\_\_

If no CPC member is to be present, what are the arrangements for entering and leaving the premises?  
\_\_\_\_\_

NUMBER OF PARTICIPANTS \_\_\_\_\_

Users of CPC facilities should recognize that there is a cost to CPC when its facilities are used.  
**A clean up deposit of \$50 is normally required.** Deposit will be mailed to contact person after the event or forfeited for damage if the Church required to clean up following your event.

IS THERE TO BE A DONATION TO CPC FOR FACILITY USE? (Y/N) AMOUNT \_\_\_\_\_

**IF YOU WOULD LIKE TO USE THE CHURCH FACILITIES ON A WEEKLY / MONTHLY BASIS PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

WHAT INSURANCE DOES THE GROUP HAVE? \_\_\_\_\_

LIABILITY LIMIT \_\_\_\_\_

IS THE GROUP INCORPORATED IN IDAHO AS A NON-PROFIT ORGANIZATION? (Y/N)

*Calendar priority and scheduling **as available** in accordance with the CPC Facilities Use Policy. CPC reserves the right to preempt a scheduled use for CPC purposes. Adequate advanced notice of preemption will be given and suggestions regarding other facilities may be provided.*

*In signing this application the applicant agrees that they have read, accept, and will abide by the CPC Facilities Use Policy if their event is approved to use the CPC facilities.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please turn in request for review along with a refundable deposit check made out to "CPC."

**Office Use Only**

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Deposit received by \_\_\_\_\_ Date: \_\_\_\_\_ Receipt provided (Y/N) on \_\_\_\_\_

Comments \_\_\_\_\_ Deposit returned (Y/N) on \_\_\_\_\_