



Citadel of Faith Christian Fellowship, Inc.

108 Salem Street * Thomasville, North Carolina 27360

Phone: (336) 476-7218 * E-mail: cfcf01@triad.twcbc.com Website: www.citadeloffaith.net

BUILDING USE REQUEST FORM

TODAY'S DATE: _____

Please provide the following information and return the form(s) to the Administrator for approval. Request must be submitted at least one week in advance of scheduled date. Please allow a minimum of 24 hours for staff to respond.

Name of Group _____

Person making request _____ Title _____

Email address _____

THIS REQUEST IS FOR:

1) **Recurring Event:** Describe the day of the month, e.g. "the first Thursday of each month." "Every Tuesday."

_____ Time _____

Starting Date _____ Ending Date _____

2) **Single Use Event:** Date _____ Time _____

3) Give Details Here:

• Area(s) Requested _____ for the purpose of _____

• No. of people attending _____ Adults _____ Children _____

• Will you need chairs? _____ If so, how many? _____

• Will you use the kitchen? _____ Must await approval for Food Service staff's availability.

• Will you need tables? _____ If so, how many? _____

• Will you use a piano/organ? _____

Rental Costs

Sanctuary \$300 (includes technician) - Fellowship Hall \$250 - Both (Sanctuary & Fellowship Hall) \$500

Cost for Citadel of Faith Food Service Committee to prepare and serve meal based on menu and number of guests.

Kitchen Use \$100 (If catered or reheating food only)

Deposit of \$100 due at time of booking/request to secure facilities.

I/we understand and agree to the rules and policies set forth by Citadel of Faith Christian Fellowship, Inc. I/we accept responsibility for custodial tasks and if the facilities used are not left in acceptable condition following event, building use in the future will not be allowed. **I/we hereby release Citadel of Faith Christian Fellowship, Inc. from any and all liability, past, present and future, arising from use of the church facilities. I have read and understand the policies as stated in the Facility Use Policy above. Meetings/Rehearsals are limited to maximum of two (2) hours.**

Signature _____ Phone (day) _____

Complete Address _____

Do not write below this line.

THE ABOVE APPLICATION is hereby APPROVED under the conditions as described.

Signature: Administrator _____

Date _____

Signature: Bishop Dr. George B. Jackson _____

Sound Technician (if assigned) _____

Bishop Dr. George B. Jackson, Presiding Prelate