

**First Presbyterian Church**  
 616 West 10<sup>th</sup> Avenue  
 Anchorage, AK 99501  
 Phone: 907-272-6411 Fax: 907-274-4901

**Application to Use Church Facilities**

*Church activities take precedent over outside activities. We will make every effort to fulfill the facilities request, however, events such as funerals arise unexpectedly. In the event that we need to use the room you have requested we will do our best to provide you with equivalent facilities.*

FOR OFFICE USE ONLY	
Date Received	
Initials	

Date: \_\_\_\_\_

Name of Your Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

What room(s) are you requesting?     Fellowship Hall     Room 8     Kitchen     Chapel     Library  
 Other (Please list.) \_\_\_\_\_

What day(s)? \_\_\_\_\_ What date(s)? \_\_\_\_\_

What time(s)? \_\_\_\_\_ Is this a recurring meeting?     Yes     No

If yes, what is the cycle?

What event are you requesting the use of our facilities for?

Additional information regarding this event (please describe in detail the activities that will be taking place):

Special equipment/furniture needed:

There is a \$50 Custodial Fee. Custodial Service(s) Requested (Please place a ✓ by any service you wish to have done.):

- I will do my own set up, take down and/or clean up.
- I will pay for set up, take down and/or clean up. (See Rules for Use of Church Facilities.)
- I have the required Certificate of Insurance naming the church as an additional insured (minimum liability \$1,000,000 – This certificate can be provided by an individual homeowner's or rental policy, or by a general liability policy. See attached notice from our Insurance Company)

Signature of User \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY	
Approval/Disapproval of Office Staff:	Date:
Initials of Director of Christian Education:	Date:
Initials of Director of Youth Ministries:	Date:
Initials of Director of Children's Ministries:	Date:
Approval/Disapproval of Pastoral Staff:	Date:
Approval/Disapproval of Trustees:	Date: