

THE FIRST PRESBYTERIAN CHURCH (USA) OF MABANK, TEXAS

The following application is made to use the facilities of The First Presbyterian Church of Mabank, Texas (hereinafter referred to as "Church" or "FPCM")

by: \_\_\_\_\_  
 (Name of Responsible Party – Please Print) (Address)

Phone: \_\_\_\_\_  
 (Home) (Cell) (Work/Other)

e-mail: \_\_\_\_\_,  
 (E-mail Address) (Address for/Name)

Rehearsal Date: \_\_\_\_\_ Time: In \_\_\_\_\_ Out \_\_\_\_\_

Service/Event Date: \_\_\_\_\_ Time: In \_\_\_\_\_ Out \_\_\_\_\_

<u>To be used</u> (Yes/No)	<u>Facility Fee</u> (Member/Nonmember)	<u>Facility Deposit</u> (Member/Nonmember)	<u>Fees Due</u>	<u>Deposit Due</u>
_____ Sanctuary for _____ *	<u>\$0 / \$300 flat</u>	<u>\$0 / \$150 flat</u>	_____	_____
_____ Wedding Personnel*	<u>\$300 / \$300 flat</u>	<u>\$100 / \$150 flat</u>	_____	_____
_____ Fellowship Hall	<u>\$50 flat / \$50/hr</u>	<u>\$50 / \$100 flat</u>	_____	_____
_____ Organist	<u>\$100 / \$100 flat</u>	<u>NA</u>	_____	<u>NA</u>
_____ Pianist	<u>\$100 / \$100 flat</u>	<u>NA</u>	_____	<u>NA</u>
_____ Nursery and attendant	<u>\$25/hr / \$25/hr</u>	<u>NA</u>	_____	<u>NA</u>
_____ Other: _____	_____	_____	_____	_____

Total Fees/Deposits Due with Application: \_\_\_\_\_

Received By (Initials) \_\_\_\_\_ **Total Fees/Deposits Paid with Application:** \_\_\_\_\_

The fees indicated above are not exhaustive, but include those which must be paid with the submittal of this building use application. Please make checks for these fees payable to, "First Presbyterian Church." Write the name and service or event at the bottom of the check (i.e. "Bride and Groom Name Wedding"). **No cash please.**

The person making this application assumes full responsibility for the condition of the church facilities, furnishings, and/or property while in use and for any damage or loss to the facilities, furnishings, and/or property resulting from the actions of any and all persons present at or related to the events for which this application is made. All fees paid will be returned if this request is not approved by Session unless the Church has incurred any costs related to it.

Receipt of this application by the Church and/or its officers or representatives does not constitute approval.

Therefore, the Church and/or its officers and representatives assume no liability for any costs relating to this application should it be denied for any reason.

By signing herein below the undersigned testifies to being the responsible party under this agreement and acknowledges that they have read, understand, and agree to abide by the: *FPCM Building Use Application* for all uses; "*Policies For Weddings*" (Attachment A) and *Wedding Worksheet* (Attachment B) for weddings; and "*Policies for Special Services and Events*" for other services or events (Attachment A). The undersigned understands and agrees that the fees included above do not cover such extraordinary cleaning and/or repair costs as may be incurred for damages for which the undersigned assumes full responsibility under this agreement and its attachments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Responsible Party) (Witness)

\*See Section IV of Attachment 'A' for details on deposits and fees

**Session Approval**

Please leave two signed copies of this application and your check for Session approval. Session must approve this application once it has been signed and all fees indicated in the form have been collected. The Session typically meets the third Sunday of each month. Upon receiving Session approval, one copy will be maintained in the church office and the other will be returned to the responsible party under this agreement acknowledging Session's approval for their requested use of the facilities. This request is not approved until executed and dated by the Clerk of Session herein below.

**Session Approval Granted:**

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Session Approval/Denial \_\_\_\_\_

Signature: \_\_\_\_\_  
 \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Title)

**Post Event Facility and Deposit Review**

Condition after Use: \_\_\_\_\_

**Additional Costs for Cleaning or Repairs:** \_\_\_\_\_

Description of Extra Costs: \_\_\_\_\_

**Actual Time/Costs:**

<u>Sanctuary &amp; Support Services:</u>		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
<u>For Rehearsal:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____
<u>For Service:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____

<u>Fellowship Hall:</u>		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
<u>For Rehearsal:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____
<u>Day of Event:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____

<u>Organist:</u>		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
		_____	_____	_____

<u>Pianist:</u>		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
		_____	_____	_____

<u>Nursery and Attendant:</u>		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
<u>For Rehearsal:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____
<u>Day of Event:</u> Time In _____ Time Out _____ = _____ hrs		_____	_____	_____

<u>Other Facilities/Services:</u> _____		<u>Final Cost</u>	<u>Amount Paid</u>	<u>Balance +/-</u>
Time In _____ Time Out _____ = _____ hrs		_____	_____	_____

Total Costs: \_\_\_\_\_  
Less Total Fees Paid: ( \_\_\_\_\_ )  
Less Deposits Paid: ( \_\_\_\_\_ )

**Net Refund/(Due):** \_\_\_\_\_ **Amount Received/(Paid)** \_\_\_\_\_

**Church Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_