



CEDAR VALLEY UNITARIAN UNIVERSALISTS

BUILDING USAGE REQUEST

Name of the group or individual making the request

Mission or purpose of group

Address of contact person

Phone / Email

Date of event _____

Starting time _____ Ending Time _____ (Including preparation and clean up.)

Is this usage request;

_____ One time only?

_____ Recurring ?(If so, how often will you be utilizing our space?) _____

Type of event:

_____ Group meeting

_____ Public presentation or speaker

_____ Arts/entertainment

_____ Conference or workshop

_____ Family event (describe) _____

_____ Other _____

Number of people anticipated to attend _____

Are there registration fees or fees for services charged by the group? _____

Is there kitchen usage and/or food service involved? (If so, please describe.)

Other special usage requests (piano, audio-visual support, furniture moving, etc.)

Space(s) requested (check all that apply)

- _____ Sanctuary (holds about 60-70 comfortably)
- _____ Fellowship hall (capacity depends on set up)
- _____ Upper level meeting room (holds about 15 comfortably – no sound barrier between this room and the sanctuary.)
- _____ Religious education classroom (Two are available – each holds 10 comfortably)

A building key may be picked up from the congregation’s Administrative Assistant during her regular office hours (see www.cedarvalleyuu.org for current hours.) Keys may only be picked up at other times by special arrangement. The key must be signed out and must be returned promptly after building use. Users are responsible for locking both the front and rear doors if they are the last to leave the building.

Checks for applicable building use charges, or for donations, should be made payable to Cedar Valley Unitarian Universalists. (We do not accept credit card payments.)

By signing this form, I indicate that I have read and understand the Cedar Valley Unitarian Universalist Building Use Policy, that I agree that I and all members of my organization will abide by it, and that I agree to pay the required fees, as appropriate.

Signature _____ Date _____

*****For Office Use*****

Donation \$ _____ Date Received _____ by _____ Ck# _____

Building Rental Fee \$ _____ Date Received _____ by _____ Ck# _____

Key issued to _____ Phone _____ Date _____

Address _____

Date key returned _____

Security deposit \$ _____ Date Received _____ by _____ Ck# _____

Damages sustained _____ Cost assessed \$ _____

Date Security deposit returned _____

For any questions regarding this form, or the Building Use Policy, please call 319-266-5640.