

Please sketch table/chair setup

Authorization Statement: You are authorized to use the building requested subject to the limitations as noted here in.

Facility Use Agreement

- A. The person described as the Responsible Party signing this agreement shall be held responsible and accountable for the facility use authorized and shall be held liable for any costs to Waukesha Bible Church for necessary maintenance or repairs due to damage arising from the improper or negligent use of said facility. Smoking and drinking of alcoholic beverages is prohibited. Violation will result in forfeit of rent or security deposit.
- B. Under no circumstances shall the authorized party, using WBC facilities, arbitrarily use other facilities not specifically requested and authorized on this agreement.
- C. The use of the facility shall be limited to those dates and areas requested and approved. Agreements involving extended usage shall be subject to periodic review.
- D. It shall also be agreed that WBC shall not be responsible for accidents, injuries, or the theft of personal property incurred by those parties authorized to use the facilities.
- E. All rental fees and deposits are required for final approval. **Payment must be received at least three weeks in advance of requested dates.** If money is not received, use of building or facilities will be denied.
- F. All Waukesha Bible Church equipment used must be returned to its original condition and location. Kitchen utensils and appliances will be left clean and no food will be left behind.
- G. The outside grounds will be left in a neat and orderly manner as originally found.
- H. Rooms should be cleaned up as appropriate, especially floors.

Office Use Only:

Date approved: _____ Initials: _____ Date placed on calendar: _____

Copy given to Custodian: _____

Fees:

_____ Auditorium	\$300/day	Noted fees to serve as a reasonable guideline subject to Elder approval
_____ Fellowship Hall	\$150/day	
_____ Connector Room	\$150/day	
_____ Kitchen	\$50/day	
_____ Classroom(s)	\$50/day	
_____ Gym/Field (non sports)	\$150/day	
_____ Gym/Field (sports)	\$40/hour	<i>Proof of insurance required</i>
_____ P.A. System	\$75 (subject to change if > 2 hours)	
_____ Custodial Fees	To be determined based on request	

_____ **TOTAL FEES** **Date Paid:** _____