



**Emmanuel Church**  
 14 Hope Street  
 Ridgewood, NJ 07450  
 Phone: 201-444-7300 • Fax: 201-444-7303  
[www.emmanuelridgewood.org](http://www.emmanuelridgewood.org)

Payment Amount: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

## APPLICATION FOR USE OF CHURCH FACILITIES BY MEMBERS

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

I/We hereby apply to the appropriate boards to use the sanctuary of Emmanuel Church, Ridgewood, NJ on the dates and the terms and conditions set forth herein:

Date of use: \_\_\_\_\_ Hours requested: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you applying for: Personal use \_\_\_\_ Community use \_\_\_\_ Other: \_\_\_\_\_

What is the proposed Activity? \_\_\_\_\_

Will this be one time use \_\_\_\_ multiple uses on the following dates: \_\_\_\_\_

Estimated number of attendees \_\_\_\_\_

**Please be advised: Moving the Piano must be supervised by Church Staff. Fee of \$100 will be charged.**

\*Extra necessities: TV \_\_\_\_ VCR \_\_\_\_ DVD \_\_\_\_ Extension Cord \_\_\_\_ Projection Screen \_\_\_\_ Podium \_\_\_\_

\*Tech Fee: \$150 (1<sup>st</sup> Three (3) hours, then \$30/hr thereafter) Microphone \_\_\_\_

### **Fee Schedule**

<u>Facilities Requested</u>	<u>Approximate Capacity</u>	<u>Use Fee (donation appreciated)</u>	<u>Custodian Fee</u>
____ Sanctuary	250		\$100
____ Chapel	30		\$ 50
____ Heritage Hall (incl. Kitchen)	100		\$100
____ Library	20		\$ 25
____ Peace Lounge	100		\$100

Organist/Pianist (if needed) \$250

### **Terms and Conditions:**

*All of the facilities of Emmanuel Church are smoke-free and drug-free premises. Alcohol is permitted but a waiver must be signed and user obtains compliance with applicable rules, regulations, state laws and the host/caterer must provide evidence of liquor liability insurance or sign a waiver of liability.*

*User is responsible for restoration of church facilities to pre-use condition. Breakage or missing items will be the responsibility of the user.*

*One-half of room fee will be refunded if an event is cancelled after the event has been approved and calendared by the church.*

**No refund will be given, if you canceled within 48 hours prior to the event.**

*I/We have read and agree to the above terms and conditions:*

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

Comments/Special Requests:

---

---

---

---

---

---

**Submitted to Deacons**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submitted to Trustees**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_