

Facility Use Agreement Application

		FACILITY	Informati	on			
	est End Seventh-da Pouncey Tract Rd, R	•					
FWESDA Coordinator	Name:						_
(FWESDA) Email: <u>f</u>	one:						
	REQUEST	ΓOR /ORGA	NIZATIO	N Information	n		
Organization /Name:_							
Address:							
Contact Name:							
Phone:							
Dates and Times of Facility Usage:	Start Date// M D Y	Start Time		End Date // M D Y	- <u>-</u>	End Time : (AM/PM)	
Type of Event:	☐ Weddings, f	funerals, or other wo	r ceremonia orship-relate	l activities		(AM/PM)	
Area of Facility Needs							
☐ Sanctuary/Lobby	y/Restrooms	(Kitchen &	Classroom	s not available t	for use at	this time)	
		Financial I	nformati	on			
Base Cost: Base Cost Due Date:	\$//		Security D	Deposit: eposit Due Date:	\$/	<u>400.00</u> /	_
*Make che	ecks payable to: Far Wes	t End SDA *	*Mail checks	to: PO Box 5460,	Glen Allen,	, VA 23068	
INSURANCE REQU	J IRED: Event Insura:	nce Certificate n	ninimum \$1	,000,000 Liability	□ Certi.	ficate Supplied	1 to FWE
Cancella	tion Policy: 🗆	Days		_ % Deposit For	feited	□ None	
		Sign	ature		-		
THE UNDERSIGNE WITH LEGAL & FIN THIS AGREEMENT THAT THE UNDE executed this Facility Us is styled "Facility Use A	IANCIAL COUNSEI T, THAT THE UND RSIGNED ENTER: e Agreement Application	ES THAT HE LCONCERNI ERSIGNED H S INTO IT W on, which incom	E/SHE/IT NG THE I HAS READ TILLINGL DOTATES by r	RIGHTS & OBI & UNDERSTA Y. IN WITNE eference as if full	LIGATIO ANDS TI SS WHEI y set forth	NS ARISING HIS AGREEM REOF, the Pa	UNDER IENT, & rties have
Potomac Conference day Adventists / Fan			Ü	tion / Name:			
Sign:		_	Sign:				
Print:		_	Print:				
Title:		_	Title:				