Druid Hills Presbyterian Church Facility Use Application

Contact Information

| Date Submitted: | | | | | | | |
|---|---|--|--|--|--|--|--|
| Organization / Business Name: | | | | | | | |
| Organization / Business Address: | | | | | | | |
| City: State: | Zip: | | | | | | |
| Organization / Business Website: | | | | | | | |
| Primary Contact Name: | Number: | | | | | | |
| Primary Contact Email Address: | | | | | | | |
| Secondary Contact Name: | Number: | | | | | | |
| Secondary Contact Email Address: | | | | | | | |
| Facility Use Information | | | | | | | |
| Event Type: | Approx. Attendance: | | | | | | |
| | | | | | | | |
| | Is this a recurring event?yesno | | | | | | |
| If yes, please list days / dates: | | | | | | | |
| Event Start Time: Event End Time: | *Setup Time: *Breakdown Time: | | | | | | |
| Room(s) Requested: 1st Choice | 2nd Choice | | | | | | |
| Will you require a Room Setup for this event? | yesno If yes, please request a Room Setup Diagram. | | | | | | |
| **Will food/beverages be served at this event? | _yesno | | | | | | |
| Will you need:TV/DVD playerProjector & Scree | nMicrophoneWhiteboardEaselWiFi Code | | | | | | |
| ***Additional Items Available:Sound System & Ed | quipmentPiano Tuning | | | | | | |
| *Setup Time: When you need to gain access to the building | ng. Breakdown Time: Time you expect to have fully vacated the | | | | | | |

^{**}Light snacks and food being delivered is allowed. If food needs to be prepared in our kitchen, DHPC's Chef must be used, and an additional fee for his/her services will be required. Beer, wine and champagne is allowed on campus, with prior approval.

^{***} For the use of our Sound System & Equipment (audio file recordings, use of microphones/portable sound system) an Audio Technician fee of \$75 per day is required. If you would like for us to professionally tune our piano before your event, a fee of \$120 per piano will be required.

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Additional Information

| Do you have Liability Insurance?YN (A copy of a Certificate of Liability Insurance, listing DHPC as additional insured for your event is required. If you do not have Liability Insurance, Liability Waivers must be signed by all event participants.) Will your event be overnight and bring minors on our property?YN (Minor waivers must be provided to the parents of each minor attending event, and must be submitted to the DHPC office two weeks prior to event.) | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| Will you collect money on Churc | ch Grounds prior to | or during your | event? | YN | | | |
| | <u>Informa</u> | ation for You | | | | | |
| Any event occurring out: the use of our Security O Please contact our Office Any event occurring on D your event members into controlled access entry d The Property & Administ your request. The Prope request. All final approve Waivers. A Room Setup Diagram w Policy will also be provide Half of the cost of your redue no later than two we | fficer (Corps Security & Facilities Manage DHPC property will report to the building, and distributed to the front and ration Team, in conjurty & Administration als are pending received to you ental is due within 30 and 10 and | y Services, Inc.), er for Security co equire that you irect them to th d rear of the bu unction with the n Team requires iving your Certif ou if you are in r application is ap 0 days of approv | and an adosts for you have a gree e location ilding. e Office & I seven (7) I icate of Lianced of a spoproved by | ditional fee will bur event. eter in the main loof your event. Of acilities Manage ousiness days to ability Insurance of the Ministry Superiore Ministry Ministry Superiore Ministry Mi | obby to escort our office has er, will review review a or Liability use opport Team. | | |
| Signature of Applicant: | | Date: | | | | | |
| | OFFIC | E USE ONLY | | | | | |
| Date sent to MST: | Status: _ | Approve | Deny _ | Pending | Withdrawn | | |
| | | <u> Distribution</u> | | | | | |
| | | | | | | | |
| | | | | | | | |
| <u>Pay</u> \$ \$ | vment Dates due by due by due by | <u>Cł</u> Check #: _ Check #: _ | necks Rece | <u>ived</u> \$ \$ | | | |