

**Please complete and return to Karen Perko, Office Manager**

C: DOC/Property&Maintenance

**Christ Presbyterian Church**  
**12419 Chillicothe Road Chesterland, Ohio 44026 440-729-1688**

**Building Use Form**

Date(s) of use: \_\_\_\_\_ Time of event \_\_\_\_\_ to \_\_\_\_\_

Reserve room(s) from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm (if additional time is required for set-up/cleanup)

Name of Organization, group, or Committee: \_\_\_\_\_

Type of Event: Wedding/Funeral/Reception/Meeting/Other \_\_\_\_\_

Please circle room: Upper level: Sanctuary Fellowship Hall Kitchen Study

Lower level: 6 7 (Russell) 8 9/10 11/13

12/16 (Youth) 14 (Library) 17

**\*See Sketch on other side.**

I will need \_\_\_\_\_ tables and \_\_\_\_\_ chairs set up by \_\_\_\_\_ am/pm on (date) \_\_\_\_\_  
in room(s) \_\_\_\_\_

**I understand I am responsible for cleanup, including putting away chairs, tables, and toys, and sweeping floors, if necessary. If this meeting or event is the last to adjourn in the evening, I will make certain that lights are turned off in the building and exterior doors are locked.**

**I have read and agree to follow the Christ Presbyterian Church building use and child protection policies. I am aware that children cannot be left unattended in the building or on the grounds and that two child care providers are required for children who do not remain in the assigned meeting room.**

Name: (please Print) \_\_\_\_\_

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

\_\_\_\_\_ Member: (Y) \_\_\_\_\_ (N) \_\_\_\_\_

**Full fee and deposit must accompany this form. Make checks payable to Christ Presbyterian Church.**

Fee: \_\_\_\_\_ Date Paid \_\_\_\_\_ Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_

To be filled out by Christ Presbyterian Church Office-Final/Approved Copies Given to the following:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Setup \_\_\_\_\_ Originator \_\_\_\_\_ Office \_\_\_\_\_ Prop/Mtn. \_\_\_\_\_ Financial Sec \_\_\_\_\_ (Fees)