

**ST. MARGARET'S EPISCOPAL CHURCH
FACILITY USE REQUEST FORM**

APPLICANT INFORMATION (Responsible Party)

Today's Date: _____

Organization: _____ Non-profit #: _____

Main Contact Name: _____ Cell phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Alternate Contact Name: _____ Cell phone: _____

Email: _____

EVENT INFORMATION

Name of Room(s) Requested: _____

Date(s) Requested: _____ Type of Event: _____

Time Requested (include setup, take-down & cleanup) Total Hours: _____

- Half Day: begin time ____ a.m. to 2:00 p.m. or 3:00 p.m. begin time to ____ p.m. end time
- Full Day: begin time ____ a.m. to ____ p.m. end time
- Other Timeframe: begin time _____ to _____ end time

Anticipated Maximum Attendance:

- 1-20 21-30 31- 50 51-75 76-100 101-150 Other Number _____

Number of adults: _____ Number of Children: _____

EVENT DETAILS ~ IS THE EVENT?

- Private** (one in which you have a specified guest list and know who is attending.)
- Public** (one in which the general public is invited through word-of-mouth, flyers, or media advertising.)
- Public event during which you are giving away/selling/serving food items of any kind?**

CATERER INFORMATION (if applicable)

Legal Name of Caterer: _____ Phone: _____

Contact Name: _____ Contact Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____

King Co. Food Services Establishment Permit #: _____

WA State Business License #: _____ Bellevue Bus. Lic. #: _____

Please Note: All caterers conducting business in our facility must provide Certificate of Insurance and St. Margaret's Episcopal Church must be named as Additional Insured as specified in the Guidelines for Facility Rentals.

AGREEMENTS

The undersigned hereby makes application to St. Margaret’s Episcopal Church for use of the facility described above and certifies that the information given in the application materials is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules, regulations, policies and procedures of St. Margaret’s Episcopal Church. The applicant agrees to exercise the utmost care of the use of the premises and property and to indemnify and hold the Church harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the Church for any damage arising from the applicant’s use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period. The undersigned certifies the applicant has provided a certificate of insurance, liquor permit, and caterer’s application, if required for the event.

I have read, understood and agree to comply with all policies and procedures in the St. Margaret’s Episcopal Church Guidelines for Facility Rental for the room(s) I am requesting to use. I agree to abide by these Guidelines. I further certify that I am 21 years of age or older.

Signature (required) Main Contact: _____ Date: _____

FEES SUBMITTED WITH ROOM REQUEST

Room rental amount: _____ 50% of room rental: _____

On-site Staff Fee (required): (The number of rental hours X \$20) = _____

..... **Remainder of fees to be paid within 30 days of event.**

- Security Deposit: _____
- \$50 for small events that do not serve alcohol
- \$250 for large events that do not serve alcohol
- \$500 for catered events or events that serve alcohol

Note: Deposit will be refunded within 30 days if facility use agreements are met.

Remaining 50% of room rental: _____

 + Security Deposit: _____

 + Other equipment rental: _____

 Total: _____

PAYMENT

Mail checks (payable to St. Margaret’s Episcopal Church) to:

 St. Margaret’s Episcopal Church

 Attn: Facility Rental

 4228 Factoria Blvd SE

 Bellevue, WA 98006

For Credit Card payments go to our website and use our online portal: www.saintmargarets.org