

**Memorial Congregational Church
 United Church of Christ
 26 Concord Road
 Sudbury, Massachusetts 01776
office@mccsudbury.org 978-443-3885**

Application for Use of Facilities

Please complete and sign both this form and the “Facilities Usage Policy” to request the date(s) for your event, and return them to the office at MCC by hand, mail, or email. Requests will be reviewed and approved/not approved within two weeks of the submittal of a complete request.

Date of application: _____

Applicant Name/Organization: _____

The organization/individual is: Non-profit For profit/non-member
 Active MCC member

Event Description/Intended Use of Facilities: _____

Requested day and date: _____

Additional dates (if recurring): _____

Start time (including set-up): _____

End time (including clean-up): _____

Total Hours: _____

Age group of participants: _____

Number of attendees expected: _____

Spaces Available to rent:

<u>Space</u>	<u>Maximum Capacity - Chairs only</u>	<u>Maximum Capacity - Tables and chairs</u>	<u>Square feet</u>
Ames Hall	150	100	1,911
Sanctuary	250	NA	2,750
Parlor	100	80	1,421
Meeting Room	NA	14	208
Classrooms/Nursery	Varies	Varies	270-510

Note: The maximum number of participants must not exceed the capacity of the space being rented. Tables and chairs are included in the rental fee and are available in Ames Hall, the Parlor, and Meeting Room.

What space(s) are you interested in renting? _____

Contact Person: _____
Address: _____
City, State, zip code: _____
Day Phone: _____ Evening Phone: _____ Cell: _____
Email address: _____

Will food/beverages be served: ___Yes ___No If yes, please describe: _____

Will you be using the refrigerator/stovetop/ovens? ___Yes ___No

Will you be using any of the plates, cups, glasses, utensils? ___Yes ___No

Will beer/wine/champagne be served? (Note that no other alcohol is allowed on the premises) ___Yes ___No

Will you need the sound system (Ames Hall only)? ___Yes ___No

Will you need the piano (Ames Hall only)? ___Yes ___No

Name of responsible person at event, if different from above: _____

Key or code needed? ___Yes ___No

Name of Key or code holder: _____

Are there any special considerations that we should be aware of? _____

This agreement is between Memorial Congregational Church and the Facility User. It is only for the use of the indicated space(s) and start and end times designated on this form.

50% deposit of Total Fees or \$_____ paid via check #_____ on _____

Balance of \$_____ due 2 weeks before event paid via check #_____ on _____

The information supplied herein is true and accurate to the best of my knowledge and belief. If my/our application is approved, I/we agree to abide by all terms and conditions set forth in the MCC Facilities Usage policy.

Signature of Facility User: _____

Signature of Key Holder: _____