



HILLSIDE COMMUNITY CHURCH

Application Date: _____

☐ HCC Member ☐ Non Member

Facility Request Form

Organization: _____ Type of Function: _____

Name of Responsible Party: _____

Address: _____

E-mail: _____ Cell Phone: _____

Desired Date: ____ / ____ / ____ Day of Week: S M T W Th F Sa Start Time: _____ End Time: _____

If recurring - Start Date: _____ End Date: _____ *Please include time for setup, cleanup, etc.

Expected Number of attendees: _____

☐ I have access to the building (key). ☐ I will need access to the building.

Facilities needed:

☐ Sanctuary ☐ Kitchen ☐ Nursery ☐ ValleyView #201 ☐ Cornerstone #102 ☐ Parking Lot/Lawn

☐ the Barn #107 ☐ Center Rm #109 ☐ Activity Rm #109B ☐ Classrooms Room # _____

Equipment needed:

If you would like to use the stage, or our sound and video equipment, a Hillside tech member will need to be available to either run the equipment during your event, or train an approved substitute. No one is allowed to handle any of the instruments or sound equipment on stage without a Hillside tech member present. _____ (initials)

The person/organization requesting the use of Hillside facilities hereby absolves the church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the church office promptly. _____ (initials)

The group or individual using the facility is responsible for set up, clean up, and return to normal set up of each area used. A \$25 deposit check is required, and will be returned following your event if the facility is clean and returned to its original set up. Church custodial staff may be hired if contacted in advance of the function. _____ (initials)

Signature of Responsible Party

Date

For office use only:

Approved by: _____ Date: _____

CC: ____ (Custodian) ____ (Office) ____ (Tech Team) ____ (Ministry Leader) ____ (Other)

Deposit/Rental Fee(s): _____ Date of Payment: _____ Received by: _____