

FACILITY RENTAL APPLICATION

Renter Information Organization Contact Person ___ Billing Address Postal Code ____ Phone _ Mobile _____ Email (please print clearly) What kind/type of event are you booking? Start Date: _____ End Date: _____ Start Time: _____ End Time: _____ # People Attending: Are you requesting a set-up time? ☐ Yes □ No If yes, please provide date/time: Will you be using a caterer? ☐ Yes □ No

*Please note that your caterer must contact Crosspoint Church and provide proof of Food Safe and Liability insurance two weeks prior to event.

Room Requirements (Prices are per hour. Hourly fee begins from setup and ends at conclusion of tear down.)

Description	Quanitity	Price/Day or Hour	Amount
Worship Centre for Wedding			
*Max seating 330 (230 main level)		\$100 per hour (4 hour minimum)	
Worship Centre for Other Event			
*Max seating 330 (230 main level)		\$375 per hour (4 hour minimum)	
Simpson Hall		\$100 per hour (4 hour minimum)	
*Max table seating 260		Crosspoint Family Rate \$75.00/day	
Conference Room(s)		\$40.00 per hour per room	
*Max 20 people per room			
Gymnasium		\$100 per hour (4 hour minimum)	
Kitchen			
☐ Minimal Use		Minimal Use: No Charge	
☐ Full Use		Full Use: \$100 per hour	
*Caterer to be approved by Crosspoint		Crosspoint Family Rate \$75.00/Day	

TOTAL FACILITY CHARGES \$

Technical Requirements

Description	Quanitity	Price/Day or Hour	Amount
Sound Technician		\$25 per hour (4 hour minimum)	
Media Technician		\$25 per hour (4 hour minimum)	
Lighting Technician		\$25 per hour (4 hour minimum)	
Conference Room(s)		\$40.00 per hour per room	
*Max 20 people per room			
Gymnasium		\$100 per hour (4 hour minimum)	

TOTAL TECHNICAL CHARGES \$

Audio/Visua	l Reaui	rements
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☐ Mic: Headset (wireless)	☐ Projector	☐ Flip Chart/Stand (no paper)
☐ Mic: Handheld	☐ Screen	□ Lectern
☐ Grand Piano		

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Paymen	t
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I/We have read the terms and conditions, and fully understand and agree with the guidelines set out by Crosspoint Church.

I/We understand that Crosspoint Church will inspect the facility following the event to ensure that the terms and conditions have been followed and that no damage has occurred to the facility or contents, as outlined in the terms and conditions. At that time, if damages have been found, I/we will be contacted by Crosspoint Church and informed of the charge(s) to be paid.

TOTAL CHARGES \$	Payment Due Date
REFUNDABLE DEPOSIT (\$200 paid at the time	e of booking):
Date Paid	Signed
Refunded, providing no damage has occurred to the building of time.	or the equipment and you have vacated the premises within the agreed upor
I/We hereby make application to Crosspoint Church to rent personnel and services, and I agree to the terms and condi	above named facilities and equipment, with specified itions set out in the Crosspoint Church Facility Rental Policy.
RENTER SIGNATURE	DATE
OFFICE USE ONLY: □ Approved □ Not Ap	pproved Followed-Up
Signature:	Date:

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