



# ROCHESTER COVENANT CHURCH

## FACILITIES USE REQUEST

Phone: 507-289-2990      Fax: 507-286-1434  
[www.rochcov.org](http://www.rochcov.org)    emails: [office@rochcov.org](mailto:office@rochcov.org)    [facilitymanager@rochcov.org](mailto:facilitymanager@rochcov.org)

Today's Date: \_\_\_\_\_ Date Received by Church Office: \_\_\_\_\_

Name of Group: \_\_\_\_\_

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

Person Responsible for Function: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Description: \_\_\_\_\_ Event Start Time: \_\_\_\_\_

Dates(s) Requested: \_\_\_\_\_ Total Time Req.(Begin)\_\_\_\_\_(End)\_\_\_\_\_

Approximate Number Attending Event: \_\_\_\_\_

### Rooms Needed:

Sanctuary _____	Hours needed _____	Narthex _____
Fellowship Hall _____	Hours needed _____	Class Room (s) _____
*Kitchen _____	Hours needed _____	(*please fill out page 3 of this form)
Music Room _____	Library _____	
**Nursery Room(s) _____	(**please fill out page 4 of this form)	

### Equipment & Services Needed:

Organ \_\_\_\_\_ Piano \_\_\_\_\_ Music Stands \_\_\_\_\_  
 Sound System \_\_\_\_\_ TV/VCR/DVD \_\_\_\_\_ Lectern \_\_\_\_\_  
 Describe Needs \_\_\_\_\_  
 Round Tables (seats 8) \_\_\_\_\_ Rectangular Tables (seats 8-10) \_\_\_\_\_ Chairs \_\_\_\_\_  
 (Indicate location/setup on corresponding map.)  
 Other: \_\_\_\_\_

- 1) The use of alcoholic beverages and smoking are not permitted anywhere in the church or on its grounds.
- 2) Separate forms must be filled out for use of the nursery rooms and/or kitchen.
- 3) The use of church facilities does not automatically mean parties can use audio-visual, sound, musical, or other equipment.
- 4) The church will not be responsible for injuries, loss or theft.

I have read the guidelines above and agree as a leader of this group to abide by them while using the facilities of Rochester Covenant Church.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Facility Manager \_\_\_\_\_ Date \_\_\_\_\_

## Fee Schedule\*\*

Sanctuary	\$100 first 3 hours, \$30 each additional hour
Fellowship Hall	\$100 for 3 hours, \$30 each additional
Music Room	\$40
Library	\$25
Class Room(s)	\$25/room
Nursery Room(s)	\$20/room
*On-Site Coordinator	\$25/hour
*Sound System w/operator	\$100/event up to 3 hours (\$25/hr. after 3 hrs. or for rehearsals on separate date)
*PowerPoint/Video	\$100/event up to 3 hours (\$25/hr. after 3 hrs. or for rehearsals on separate date)
TV/VCR/DVD	\$10
Kitchen	\$75 with appliance usage (ovens, stove, dishwasher) \$50 just serving food
*Custodial	\$25/hour
Deposit required	to be calculated and collected at time of meeting with Facility Manager (minimum of \$100)

\*Members/Regular Attendees of Rochester Covenant: 50% off all but \* items.

**\*\*Note: An additional \$100 fee could be applied for any event scheduled after 2:00pm on Saturdays, depending on circumstances and membership.**

## Kitchen Use Request\*

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Date Needed: \_\_\_\_\_ Times Needed – Begins \_\_\_\_\_ Ends \_\_\_\_\_

Person responsible for kitchen \_\_\_\_\_ Phone \_\_\_\_\_

Person responsible for cleanup \_\_\_\_\_ Phone \_\_\_\_\_

List kitchen equipment and supplies you plan to request:

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What is being served:

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Number of guests: \_\_\_\_\_ Dishwasher supervision needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments:

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Our kitchen is not set up for extensive food preparation. **There is no frying allowed. Please do not leave any leftover food items.**

The following supplies are available for **church events**, unless otherwise labeled:

\_\_\_\_\_ 8 oz. Styrofoam cups

\_\_\_\_\_ Plastic silverware

\_\_\_\_\_ Coffee (kept in the refrigerator), tea, sugar, creamer

\_\_\_\_\_ Paper napkins

\_\_\_\_\_ Plastic and cloth tablecloths

Please list above approx. quantities for any items you would plan to use for your event.

For church events:

If you are planning a church event, the Connections/Hospitality is available to supervise food service and cleanup.

Please contact the church for more information.

# Nursery Use Request\*\*

Phone: 507-289-2990

Fax: 507-286-1434

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Group \_\_\_\_\_

Responsible Person (from group) \_\_\_\_\_ Phone no. \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Day/time nursery will be used \_\_\_\_\_

Estimated number of children \_\_\_\_\_ Estimated age range \_\_\_\_\_

Name(s) of caretakers

(if more than one, indicate which age group/room they will serve):

- 1.
- 2.
- 3.

In accepting responsibility for the use of nursery rooms (206, 209, 211) I understand that I am agreeing to the following:

1. All costs incurred by care given will be covered by my group.
2. Toys will be put back in their appropriate room.
3. Children will be well supervised at all times (at least 2 workers for 4-6 children; 3 workers for 7-9 children).
4. We will bring our own supplies (snacks, baby wipes, diapers) unless another agreement is arranged with the Pastor of Children's Ministry of the church.
5. Rooms will be restored to the same order/condition in which they were found.
6. Any problems with rooms, toys, etc. will be reported to the On-Site Coordinator or the Pastor of Children's Ministry.

I have read and will operate within the basic guidelines outlined above. Failure to do so will result in significant additional charges.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Room(s) to be used \_\_\_\_\_ (206, 209, 211) Cost: \$20/room

Use of nursery rooms requires a meeting with the Pastor of Children's Ministry or Nursery Coordinator. Date of meeting: \_\_\_\_\_

Signature of Pastor of Children's Ministry

\_\_\_\_\_