



Garr Building Use Form

*All building use must be approved during a Staff Meeting.
Please return to Administrative Assistant to submit for approval.*

Activity _____
 Person in charge _____ Home phone _____
 Work phone _____ Cell phone _____
 Mailing address _____
 Date _____ Time (start and finish) _____
 Expected Attendance _____

A Hostess is required for all non-Ministry activities. The Hostess will need to be secured immediately. Cost of Hostess is a minimum of \$100 per event. This fee covers 8 hours of work. All additional hours will be billed at \$10 per hour.

Name of hostess: _____
 (person)

Sound or Video system:

*If the sound or video systems are needed, you must contact Pastor Ron Berg and make arrangements for someone to operate the system. **Otherwise, the sound and the video systems should NOT be used.** See Fee Schedule for additional information.*

Audio Technician: _____ Video Technician: _____

Times needed: _____ Times needed: _____

Items needed:

_____ # of microphones	_____ Overhead projector
_____ CD player	_____ Video projector
_____ Cassette player	_____ TV/VCR
_____ Slide projector	_____ Other

Setup for activity:

Date _____ Time (start and finish) _____

Person in charge of setup _____

Unlocking building _____

Locking building _____

Cleanup after activity:

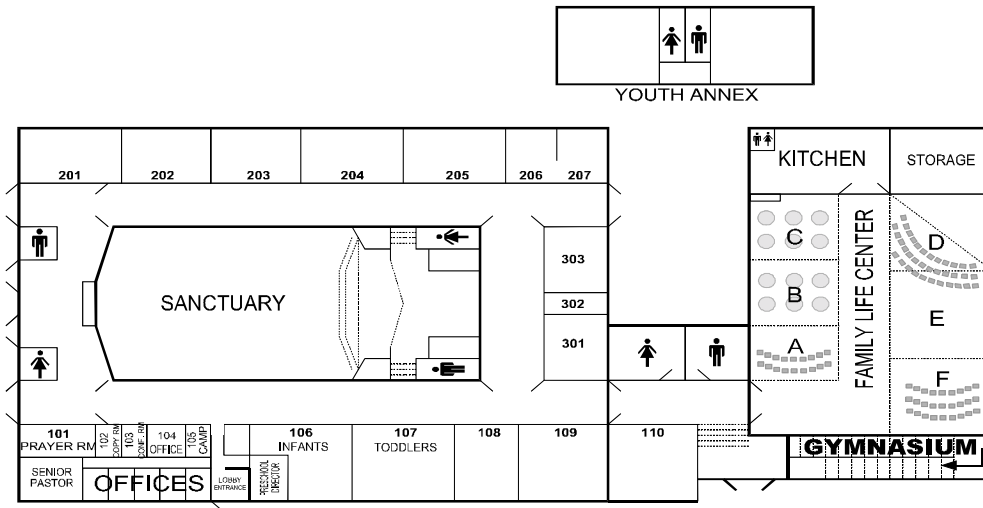
Person in charge of cleanup _____

Locking building _____

Rooms reserved: _____

(If you are reserving the kitchen, you will need to complete the Garr Kitchen Use form.)

Garr Memorial Church Map



Also available, picnic area and ball fields.

DO NOT DRAG TABLES OR CHAIRS ACROSS THE CARPET IT WILL DAMAGE THE CARPET.

Fee Schedule:

Cleaning Fee*	\$100.00	_____
Hostess Fee*	\$100.00	_____
Sound Technician Fee*	\$100.00	_____
Set-up/Tear down*	\$100.00	_____
Room Use Fee**	\$50.00/room	_____
Refundable Deposit	\$250.00	_____
Deposit for Tablecloths	\$3.00 each	_____
Total Deposit and Fees		_____

Total Received: _____ **Date Received:** _____ **Received by:** _____

Amount refunded: _____ **Date refunded:** _____ **Refunded by:** _____

*This fee covers up to 8 hours of work. Additional hours will be taken out of the refundable deposit at the rate of \$10/hour.

**Room use fee is waived for tithing members of Garr Memorial Church.

I have read the Building Use Policy and this document. I understand the information from both forms and I am willing to comply with the stated policies. Garr Memorial Church, Garr Christian Academy, and Carolina Evangelistic Association shall not be liable for injury or damage to persons(s) or property of the Group, its members, guests, employees of invitees, occurring in or on the Church's property, howsoever caused or arising, including negligence of the Church, its agents or employees, and the Group agrees to indemnify and hold the Church harmless therefore.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

*Contact Steve Pressley to secure these dates and rooms.
Please fill out this form and return to Administrative Assistant at Church Office.*

GARR MEMORIAL CHURCH

7700 Wallace Rd. Charlotte, NC 28212 704.568.7700 www.garrchurch.com