

NEW COMMUNITY CHURCH
165 Eucalyptus Avenue
Vista, CA 92084

Today's date _____

Facility Requested _____ Date of Request _____

Name of Group _____ Intended Use _____

Person Responsible _____ Phone: Work _____

Home _____

E-mail address _____ Cell _____

Address _____ City _____ Zip _____

Status: Member ___ Non-Member ___ Ministry ___ Non-Ministry ___ (If ministry, explain on back)

Insurance Carrier _____ Binder Required ___ Not Required ___

(Please have your insurance company provide us with a certificate naming us as additional insured.)

Equipment needed and room arrangement: (Please diagram on back.) Confirmation of requirements must be made 2 days prior to event.

Probable Attendance _____ Need Sound System? _____
(Number cannot exceed fire code limit for the room)

No. of Tables _____ Need Piano? _____

No. of Chairs _____ Other Needs _____

Days, Dates and Hours requested – include time for preparation and clean-up.

<u>Day</u> <u>Of Week</u>	<u>Date(s)</u>	<u>Arrival</u> <u>Time</u>	<u>Event</u> <u>Begins</u>	<u>Event</u> <u>Ends*</u>	<u>Departure</u> <u>Time</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* No later than 10 p.m.

Applicant, for himself and the above group and all members thereof, hereby waives any and all rights to make a claim for any loss or damage that may hereafter accrue against the New Community Church of Vista (NCCV), its officers, members of the congregation, employees and agents, arising out of the use of NCCV property pursuant to this permit by reason of negligence or otherwise; and further agrees to indemnify and save free and harmless NCCV and said persons for any loss occasioned at NCCV or to said persons as a result of liability for bodily injury or property damage arising out of the use of said property pursuant to this permit by reason of negligence or otherwise.

Payment of total fee is due at the time of reservation. For monthly users the fees are due on the first day of each month.

Signature _____ Date _____
 (Title)

CHURCH OFFICE USE ONLY

FEES:

Room _____

Hours _____

Other _____

TOTAL _____

Approved by _____

Date _____

Date Payment Received _____

Receipt # _____

Return form to: rose@nccov.com