



THE PRESBYTERIAN CHURCH OF DOVER
 54 S. State Street, Dover, Delaware 19901-7312
 Telephone: (302) 734-3313
 predvr@verizon.net



Office Hours Mon-Thu 8:30 A.M – 1:00 P.M.

APPLICATION FOR USE OF CHURCH FOR NON-CHURCH RELATED ORGANIZATIONS

The purpose of this application is to provide the Property Committee of The Presbyterian Church of Dover with the information needed to make decisions about, (1) the use of the building/facilities, and (2) the security deposit and other donations which may be required for that use. Please complete the application and **return it to the church office at least one month before the date of your meeting.**

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____ CELL PHONE: _____

ROOM REQUESTED: _____ PURPOSE OF ROOM USAGE: _____

OF PEOPLE: _____ DATE(S) & HOURS: _____

CHURCH EQUIPMENT TO BE USED: _____

*Note: If the church organ is to be used, the guest organist **MUST** consult with the Director of Music **at least one week prior to the 1st use of the organ.** Please call the Office Manager at 302-734-3313 for contact information.*

WILL FEES BE CHARGED OR A COLLECTION TAKEN FOR THIS ACTIVITY? YES _____ NO _____

WILL FUNDS OF ANY SORT BE SOLICITED FROM PEOPLE ATTENDING? YES _____ NO _____

IF YES, WHAT WILL THE PROCEEDS BE USED FOR? _____

Insurance: It is required for users of our facilities to furnish the Church with a Certificate of Liability Insurance naming The Presbyterian Church of Dover as additional insured. Please attach a copy of the insurance certificate to this application. If room is used on a recurring, yearly basis, the Certificate of Liability Insurance will need to be provided to the church annually, upon renewal of the policy. The required limits are as follows:

GENERAL LIABILITY:

- EACH OCCURRENCE \$1,000,000
- GENERAL AGGREGATE \$2,000,000
- DAMAGE TO RENTAL PREMISES \$500,000
- MEDICAL EXPENSE (ANY ONE PERSON) \$10,000

*I have read and agree to the Guidelines for Building Use (attached to this application) YES _____ NO _____

Signature _____

Phone # _____

Position/Title _____

Date _____

FOR OFFICE USE ONLY
ACTION BY COMMITTEE OR SESSION (if applicable)

COMMITTEE APPROVAL _____ DATE _____

SESSION APPROVAL _____ DATE _____

PASTOR APPROVAL _____ DATE _____
(If sanctuary use is requested)

DIRECTOR OF MUSIC APPROVAL _____ DATE _____
(In lieu of Pastor's signature for musical events)

Current Insurance Certificate (attached) YES _____ NO _____ (already on file) YES _____ NO _____

CONTRIBUTION _____ SECURITY DEPOSIT _____

DISAPPROVED _____ DATE _____

REASON FOR DISAPPROVAL _____