

Church of Christ  
142 Exchange St.  
Millis, Ma 02054  
e-mail: [millisucc@msn.com](mailto:millisucc@msn.com)

Date\_\_\_\_\_

### Church Use Request Form

Name of Person, Group or Organization:\_\_\_\_\_  
Date of Event:\_\_\_\_\_ Time of Event\_\_\_\_\_  
Purpose of Event\_\_\_\_\_ (# ) attending\_\_\_\_\_  
Person Requesting (please print)\_\_\_\_\_ (signature)\_\_\_\_\_  
Address\_\_\_\_\_  
Daytime Phone\_\_\_\_\_ Evening Phone\_\_\_\_\_

#### Requests Use of the following Church Facilities (please check all that apply)

Facility/Equipment	Member Fee	**Non-member Fee
<input type="checkbox"/> Sanctuary	\$90	\$125
<input type="checkbox"/> Chapel	\$90	\$125
<input type="checkbox"/> Church Parlor	\$40	\$60
<input type="checkbox"/> Fellowship Hall with kitchen	\$135	\$200
<input type="checkbox"/> Table Rental (old ones)	\$5 per table	\$5.00 per table
<input type="checkbox"/> Chair Rental	\$.50 per chair	\$.50 per chair
<input type="checkbox"/> Other Rooms	\$20-\$35	\$40-\$75
<input type="checkbox"/> * Sexton Fee	\$55 minimum – sliding scale	\$55 minimum – sliding scale
<input type="checkbox"/> *** Cleaning Deposit (if applicable)	\$55 – sliding scale	\$55–sliding scale
<input type="checkbox"/> ***Key Deposit (if applicable)	\$25	\$25
<input type="checkbox"/> ***Damage Deposit	\$55 minimum – sliding scale	\$55 minimum – sliding scale

*\*Please note that unless otherwise specified, a sexton (custodial)and Damage Deposit fee is added to all requests. Checks for the custodial fee should be made out separately to our sexton, Kerry Sullivan*

*\*\* Possible exceptions for non-profit organizations will be reviewed as they apply.*

*\*\*\*Fees are refundable as conditions are met.*

**The user assumes all responsibility for any damage done by children or adults to church property**

#### For Office Use Only

Trustee Action: ☐ Approved ☐ Denied

Conditions of Rental: ☐ Cleaning Deposit ☐ Key Deposit ☐ Other

***\*For final approval, a deposit of 50% of church use fee must be received within 14 days from the time of Trustee approval. Remaining balance and sexton fees must be paid 1 month prior to event.***

Total Amount Due to church: \$\_\_\_\_\_ Total Amount due to Church Sexton \$\_\_\_\_\_

Date\_\_\_\_\_

Signed\_\_\_\_\_

(Board of Trustees)