



Great Commission Deliverance Ministries
 Senior Pastor, Apostle Franklin Gordon
 6621 Marsh Road, Waynesboro, PA 17268
 Mailing: PO BOX 344, Waynesboro, PA 17268
 #717-762-5079
 Email: ChurchInfo@gcdmonline.org
 Website: www.GCDMOnline.org

GCDM FACILITY USAGE AGREEMENT

Payment for facility use MUST BE RECEIVED with this form and given to the secretary/front office upon booking.

Make checks payable to:

Great Commission Deliverance Ministries
 Attn: Finance Department
 PO BOX 344
 Waynesboro PA 17268-344

Name of Person/Group Booking Event: _____

Name of Contact Person (if different from above): _____

Address: _____

Phone: _____ - _____ - _____ Cell/Other#: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____

Type of Function: _____

Date Required: _____

Time(s) Required: _____

*** (Set-up and clean-up times must be included in the hours)

Facility Usage Fee \$ 150.00

+PLUS Damage Deposit (please provide separate check) \$ 50.00

OTHER FEES: (Check Mark if needed)

Open/Close facility fee \$ 25.00

Set up fee \$ 25.00

Clean up fee \$ 25.00

Media Support Fee (i.e. Sound System, PowerPoint): \$ 25.00

(If renter requires the use of the sound system and/or PowerPoint, the church secretary will direct you to a person who is qualified to run both systems. Payment is made directly to the person that the renter has made arrangements with.)

FACILITY AMENEDIES: (Check Mark if needed)

Furniture Requirements:

Tables/Chairs Total Needed _____

Usage Areas:

- Will both inside and outside of Facilities be utilized? ___Yes ___No
 (additional fees may be apply for outside usage/setup)
- Which rooms will be utilized for function?
 (Circle where all applicable)
 | Sanctuary | Shirley Gordon Room | Fellowship Hall | Youth Area
 | Kitchen | Gym | Outside Property Grounds (Specify Area: _____)

EQUIPMENT REQUIREMENTS:

- Overhead Projector/Screen ___ Yes ___ No
- TV/DVD Player ___ Yes ___ No
- Podium ___ Yes ___ No
- Portable Mic ___ Yes ___ No
- Speaker Additional Microphones ___ Yes ___ No
- Musician Equipment ___ Yes ___ No
- Specify: _____

OTHER REQUESTS/SUPPORT NEEDS:

CHURCH RENTAL POLICIES AND RATES:

1. Please include an email so confirmation can be emailed to you.
2. This Church is a smoke-free building.
3. Confetti or rice is not to be used within the church facility or on the church property.
4. Additional charges apply if renter requires a staff member to:

- a) open/close the building \$ 25.00
- b) Set up tables, chairs, etc. \$ 15.00
- c) Clean up, \$ 15.00

(i.e., put away tables, chairs, vacuum carpets, mop floors, tidy/ washrooms, etc. The renter has the option to set up and clean up themselves, with no additional charge.)

6. All renters ordinarily will conduct their functions to permit the closing of the facility by 11 pm. (In certain circumstances, these times may be extended).

7. Any damage to equipment or facilities, other than from normal use, shall be the responsibility of those renting the facility. NOTE: The Damage Deposit of \$50.00 is required to assist with potential damages, but may not cover the full cost that will be required by the renter to cover. The Damage deposit will be returned to renter if facilities are left in satisfactory condition (determined by staff).

8. Indemnification: It is an express term of this agreement that the Renter indemnifies the Church for any costs or damages of any kind incurred by the Church, as a result of the Rental of the Facility by the Renter.

9. All bookings and arrangements must be made through the church secretary at least 30 days prior to the event.

10. Bookings and arrangements in unusual circumstances may be directed to the Committee of Administration for approval.

11. Cancellation: A full refund (Minus initial deposit of \$50.00) will be given if cancellation notice has been given 2 weeks prior to the event. Anything less than 2 weeks notice, one-half of the total payment will be refunded.

USAGE AGREEMENT SIGNATURES on this form indicate the agreement of the renter to the terms and conditions, and the approval of this facility usage application by GCDM.

Facility Usage to be paid in full along with this form: \$ _____

Renter's Name: _____

Signature: _____

Date: _____

Approved by: _____ Date: _____

Signature: _____

For Office Use Only:

Revised: 07/07/2016

Copies to be sent to: File Confirmation sent

Treasurer Custodian Administration Kitchen Committee Audio/Visual Technician