



EVENT REQUEST APPLICATION

office@mayflowerchurch.org

EVENT Date _____ **Arrival** _____ **End Time** _____ **Number attending** _____

Description _____

Contact 1 _____

Contact 2 _____

Address _____

Address _____

City/State _____

City/State _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Mayflower Member: Yes No

Mayflower Member: Yes No

Notes:

STAFF

Coordinator: _____

Minister: Yes No

Music: Yes No

Officiating Pastor: _____

Music Staff: _____

Caterer: _____

Instrument*: _____

Custodian: _____

Other: _____

EVENT FEES

Building Usage - Member / Non-member for a (3) hour timeframe

- | | |
|---|---|
| <input type="checkbox"/> Sanctuary (560cap) - \$250/\$500 | <input type="checkbox"/> Parlor - \$250/\$500 |
| <input type="checkbox"/> Chapel (125cap) - \$250/\$500 | <input type="checkbox"/> Parlor Kitchen - 0/\$50 |
| <input type="checkbox"/> Atrium - \$250/\$500 | <input type="checkbox"/> Main Kitchen - \$50/\$50 |
| <input type="checkbox"/> Fellowship Hall (300cap) - 0/\$100 | <input type="checkbox"/> Sanctuary Video/Sound (Tech: _____) |
| <input type="checkbox"/> Portico - 0/\$100 | <input type="checkbox"/> Portable Audio/Mic (Tech: _____) |
| <input type="checkbox"/> Youth Rooms (50cap) - 0/\$100 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prayer Garden - \$50/\$100 | |

OTHER FEES

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Officiating Pastor | \$600 | <input type="checkbox"/> Portable Audio/Microphone | \$50 |
| <input type="checkbox"/> Organist/Pianist | \$400 | <input type="checkbox"/> Portable 65" TV Monitor/DVD | \$50 |
| <input type="checkbox"/> Custodian | \$300 | <input type="checkbox"/> Sanctuary Video Recording | \$100 |
| <input type="checkbox"/> Coordinator | \$150 | <input type="checkbox"/> Piano Tuning | \$50 |
| <input type="checkbox"/> A/V Sound Tech | \$100 | | |

INCLUDED in setup

- _____ White Chairs - 189ct
- _____ White 8' Long Tables - 17ct
- _____ White 48' Round Tables - 8ct
- _____ Blue Chairs - 40ct
- _____ Metal 6' Folding Tables - 52ct
- _____ Card 4' Tables - 8ct

TOTAL FEE \$ _____

Deposit (non-refundable) \$250

BALANCE Due \$ _____

APPROVAL:

Officiating Minister: _____

Music Director: _____

Date: _____

EVENT GUIDE Plan Agreement

Please refer to the Event Guide for planning details, roles, and expectations.

The balance is due three (3) days prior to event. Thank you.

I agree to abide by the processes outlined in the Event Guide, work with the wedding coordinator, and accept responsibility for my party on date(s) reserved for my event; and accept full responsibility for payment of fees incurred.

Signature _____ Date _____

Printed _____