



Grace United Church

120 Pine Street
Gananoque, Ontario
K7G 1C7

Phone: 613-382-2161 – Fax: 613-382-2162
grace.gan@outlook.com



REQUEST FOR USE OF CHURCH HALL AND/OR SANCTUARY

Facilities being requested	Fee:
<ul style="list-style-type: none"> • A room and use of kitchen to make tea/coffee <i>(Birthday Parties/ Receptions etc. Fee includes use of church tables, chairs & coffee pots. Use of church dishware is not included)</i> • A room plus kitchen to be used to serve a meal • Custodian needed for set-up & clean up • Use of Sanctuary for Wedding • Use of Sanctuary for Concert or other event 	<ul style="list-style-type: none"> • \$20/hr, Min. \$60 • Add \$100 • Add \$100 • \$300 • To be Determined
<ul style="list-style-type: none"> • Church Hall for classes/groups • Church Hall (tables & chairs included) 	<ul style="list-style-type: none"> • \$20/hr • \$100/day (8hr)
<ul style="list-style-type: none"> • Reception Committee requested to prepare luncheon <i>(Cost may vary depending on what food is requested)</i> 	<ul style="list-style-type: none"> • \$60 plus \$6/ per person

All requests must be approved by the board of Session. Session meet on the 4th Tuesday of each month, with the exception of December and summer months. Requests should be in to the church office prior to these meetings.

If you are requesting the use of the Kitchen, a member of the church must be present to oversee the event.

Facility users are expected to respect all church property and maintain a safe clean environment. If there is an issue, church personnel must be notified as soon as possible.

For weddings, there is another form that must be completed.

Funeral Receptions take precedence over all other events (except Weddings).

Regular hall users will be notified as soon as possible if this event occurs.

Fees are determined by Session and may change at any time.

Fees are locked in for contracts signed prior to the date of changes.

Thank you for considering Grace United Church for your event.



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This Form must be returned to the church for approval

Name of Organization or Individual: _____

Event _____

Date of Event: _____ From: _____ To: _____

Regular Use, Day: _____ From: _____ To: _____

Area, equipment, Facilities Requested: _____

***Use back of form if more room is required. List all equipment that is to be used/needed
Proof of Liability insurance is required by all groups who use church facilities.***

Contact Person: assumes responsibility for the activities, welfare of participants, and care of facilities on behalf of the organization, and whose signature appears in the waiver of this application.

The organization must provide proof of insurance.

Contact Person: _____ Street _____

Town: _____ Province: _____ Postal Code: _____

Phone Numbers: _____ E-mail: _____

(Fill in the table below with facilities requested and fees from page 1 if applicable)

Facilities Requested	Fee
Donation	
Total	

OFFICE USE

Notification: (by Whom) _____ Approval: _____ Date _____

Custodian: _____ Minister: _____ Church Musician _____ Session: _____

Conflicting Activities: _____ Fee: _____