



Church of the Holy Comforter
 543 Beulah Road, NE Vienna, VA 22180
 703 938-6521 Fax 703 281-1360

Facility Use Request Form

Client Information:

Client Name: _____ Parish Member? Yes No

Telephone / Contact Number: _____ Email: _____

Organization / Group Represented: _____

Address: _____ City: _____ State/Zip Code: _____

Is your organization: A CHC Program or Ministry? Yes No A registered 501(c)3? Yes No

Usage Information:

Event / Meeting Date: _____ Event/Meeting Start and End Times: _____

Facility Access for Set-Up Time: _____ Facility Post-Event Break-Down Time: _____

Purpose for using facilities: _____

Do you plan to serve food or beverages? Yes No Will you hire a caterer? Yes No

Estimated Number of Participants: _____

If applicable: Entry Fee per attendee: \$ _____ Will alcohol be served: Yes No

Facilities Requested:

√	Area of Use	Fee	Resources Needed / Notes	Fee
	Ministry Center (includes Kitchen)			
	McGill Hall			
	Narthex			
	Lillian Croy Room			
	Library			
	Classroom(s) – Lower Level, #: _____			
	Classroom – Upper Level, #: _____			
	Grounds			
	Labyrinth			
	Sanctuary			
	St. Mary's Chapel			
	Kitchen Access Requested*			
	Total	\$	Total	\$

* List what is needed in the kitchen if you want access for refrigerator, coffee urns, etc.

Total Room Rental Fee(s) \$ _____

Total Resource Rental Fees: \$ _____

Security Deposit; \$ _____

TOTAL FEES: \$ _____

DEPOSIT DUE TODAY: \$ _____ DATE ALL FEES PAID BY: _____

Statement of Understanding:

I have read, understand, and agree to comply with the provisions of the Church of the Holy Comforter's **Facility and Property Use & Rental Policy Guidelines.**

CLIENT Signature: _____ Date: _____