

FACILITY USE / EVENT CHECKLIST

EVENT NAME OF ORGANIZATION	Description: <u>PLEASE CHECK:</u> <input type="checkbox"/> All Church Event <input type="checkbox"/> Ladies Event <input type="checkbox"/> Men's Event <input type="checkbox"/> Organization <input type="checkbox"/> Personal Use <input type="checkbox"/> Seniors <input type="checkbox"/> Special Occasion <input type="checkbox"/> Youth
CONTACT PERSON	NAME <div style="display: flex; justify-content: space-between;"> Cell Email </div>
EVENT INFO	Date of Event: # Of People Attending: SET-UP Time Needed: START Time: END TIME: CLEAN-UP Time Needed: Day of Week: Sun / Mon / Tue / Wed / Thur / Fri / Sat
ROOMS	MARK ROOMS NEEDED: <input type="checkbox"/> Classrooms <input type="checkbox"/> Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Lobby <input type="checkbox"/> Nursery <input type="checkbox"/> Worship Center
EQUIPMENT	MARK EQUIPMENT NEEDED: <u># Amount Needed:</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Trash Cans <input type="checkbox"/> LIST Sound Equipment Needed:
REVIEW Facility Usage Guidelines:	<input type="checkbox"/> All rooms / equipment shall be returned to the same or better condition before the event. <input type="checkbox"/> No tape, pins, nails, screws shall be allowed on the walls or ceiling unless approved by the Trustees.

REVIEW Please Sign	<ul style="list-style-type: none"> ◇ Use of products that contain latex balloons, gloves, etc. are prohibited in the facility. ◇ All events hosted by ROL will have scheduling priority. Based on availability, ROL obtains the right to refuse events that do not agree with ministry functions of ROL. ◇ Based on event size, number of people, and equipment there may be a 1) Cleaning Deposit; 2) Damage Deposit required. Refund amount is based upon facility returned to its original condition. ◇ I have read and agree to the above: _____
SPECIAL EVENTS	<p><i>If this event is not hosted by ROL, the user shall have their own liability policy in effect and show evidence of such policy being sufficient coverage -on file before the event, to ensure liability coverage while using River of Life Campus & Facilities.</i></p> <p><small>*Members may be exempt depending on event details</small></p> Liability Carrier: Policy Number:
EVENT COST	INTERNAL EVENTS: Donations are accepted for cleaning and usage OUTSIDE EVENTS: Event Contact will receive a list of cost(s) based on facility usage with approval of Event DATE / TIME.
WEDDING INFO Rehearsal & Wedding Separate forms required	<ul style="list-style-type: none"> ◇ Wedding Coordinator: ◇ Premarital Counseling is required; please provide dates: ◇ Pastor / Counselor ◇ ROL Pastor Approved / Date
OFFICE USE ONLY	<ul style="list-style-type: none"> ◇ Master Calendar: Including Pastor(s) Calendar ◇ Trustees: Facility Usage / Any Advance Prep / Equipment Needed ◇ Elders: Board Chair or Board when necessary ◇ Deacons: Kitchen / Special Events ◇ Insurance on file / Donation fee / Damage deposit ◇ Appropriate Leaders Informed: Signature _____ ◇ Communicate with Contact Person / Any PR details
INTERNAL REVIEW <i>Following the Event</i>	<p>Upon completion, I inspected the facilities to ensure no damage has incurred:</p> <ul style="list-style-type: none"> ◇ Satisfactory ◇ Damage reported: ◇ Signature: _____ (Staff / OR Trustee)