

Calvary United Church

**48 Hawkesville Road,
St. Jacobs, Ontario
N0B 2N0**

Phone # (519) 664-2311

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MISSION STATEMENT

We believe that God calls St. Jacobs Calvary United Church to be a warm, caring church family, welcoming all who desire to worship and learn more about God, his work, and his son Jesus Christ. Our strength lies in promoting personal growth that will blossom into a desire to serve God by: 1) Giving freely of our talents, time and financial gifts, 2) Encouraging and supporting each other in our community and beyond and 3) Providing a Christian moral standard for youth and adults.

STATEMENT OF USE

We believe that God is calling us at St. Jacobs Calvary United Church to be committed to the people of our surrounding community and beyond. While we welcome the use of our facilities consistent with our mission, we ask that users carefully read our mission statement.

Suggested Fee Schedule for 2010

Room:	Requested Donation/Fee
Sanctuary - based on up to 4 hrs. use (capacity 350-400)	\$ 350.00
Gym/Fellowship Hall - based on up to 4 hrs. use (capacity 350-400)	\$ 225.00
Kitchen - Full- Kitchen - meal preparation - serving	\$ 175.00
Kitchen - Serve only - Kitchen Serving Only	\$ 75.00
* YR Youth Room	\$ 50.00
* CL – Class Room	\$ 50.00
* General room usage is a minimum of \$50.00 and the fee may vary depending on the time required.	

Included in Fees:

• Custodial Fee - Weddings/Funerals/Large Dinners)	\$ 100.00
Other Events	\$ 25.00*

Additional Fees for offsite situations:

• Use of Sound System with attendant – to be negotiated with attendant (suggested is)	\$ 30.00
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APPLICATION FOR USE OF CHURCH FACILITIES

Date of Application: _____ **Type of Use / Group** _____

Church Members Reference Name: _____ **Phone:** _____

Name of Group / Individual: _____

Address: _____

Phone: _____ **Fax:** _____

Contact Name (printed): _____ **Phone:** _____

Approximate Number of Persons Attending: _____

Date/Time Requested: _____

ROOM SCHEDULE	Use	Tables	Chairs	Dishes	Coffee/Tea	A/V Equipment	Other
Sanctuary							
Gym							
Youth Room							
Kitchen - Full							
Kitchen -							
Class Room							

Additional Facility Requirements

I / Our group proposes to make the following suggested donation (time, talent or financial gifts) to benefit the church consistent with it's mission:

I / We have reviewed the Application For Use Documents, Pages 1-3, and confirm that our proposed activity is consistent with Calvary United Church Mission Statement.

Signature (Applicant): _____ **Date:** _____

Signed: Calvary Facilitator _____ **Date:** _____

Calvary Designate _____ **Date:** _____

Accepted: _____ **Rejected:** _____

Do You Have Liability Insurance? Yes _____ No _____

If **YES**, please provide copy.

If **NO**, the insurance waiver must be signed.