

Building Use Form Funerals

Name of Person Requesting use of Church Facilities: _____

Address: _____ Phone: _____

_____ Requested Date: _____

_____ Time of Event: _____

Approximate number of participants or guests: _____

Pastor Ben Good to Perform Service: Members: _____ Non-Member: _____

Sanctuary (Deposit Required) : Members: _____ Non-Member: \$300 \$100 Deposit _____

Sound Booth (1 Tech Day of Wedding Only): Members: _____ Non-Member: \$75 _____

Streaming or Video (2nd Tech Day): Members: _____ Non-Member: \$75 _____

Social Hall: Members: _____ Non-Member: \$100 _____

Kitchen (Additional Deposit Required): Members: _____ Non-Member: \$100 \$100 Deposit _____

_____ Todays Date: _____ Deposit Total _____ Donation Total _____

Deposit may be returned if facilities are left in good condition

Responsible Party: _____

_____ Todays Date: _____

_____ Todays Date: _____

Church Official: _____

_____ Date Paid _____

Donation: _____

Date Given to Treasurer: _____

Please Complete 5 Copies: (1 for each: Pastor, Trustees, Custodian, Secretary and Responsible Party)

After use of the Church facilities, please remove all your personal belongings.

The church is not responsible for any missing items.

Office Use Only:

Hall Checked for Reimbursement:

Church Official: _____

Deposit Refund Date: _____ Check Number: _____

 Riverside Chapel

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