



PROCLAIM FM EVENT CENTER
7112 Angola Road, Holland, OH 43528
Office (419) 865-9767

FACILITY RENTAL REQUEST FORM

Date of Event: _____ Event Time: _____
Setup Time: _____ Departure Time: _____
Purpose/Event: _____
Number of People Expected: _____ Needed # Tables: _____ Needed # Chairs: _____
Group &/or Person Responsible: _____
Address _____ City _____
State _____ Zip _____ Contact Phone Number(s): _____
Contact Email: _____
Additional Instructions/Equipment Needed: _____

- | | |
|--|------------------|
| <input type="checkbox"/> Gym - Day Rental - 8 Hours - \$500..... | \$ _____ |
| <input type="checkbox"/> Gym - Hour Rental - _____ Hours @ \$65/hour..... | \$ _____ |
| <input type="checkbox"/> Gym Stage - flat rate - \$50..... | \$ _____ |
| <input type="checkbox"/> Kitchen - Cooking - flat rate - \$100..... | \$ _____ |
| <input type="checkbox"/> Kitchen - Non-Cooking - flat rate - \$30..... | \$ _____ |
| <input type="checkbox"/> Community Room - Day Rental - 8 Hours - \$340..... | \$ _____ |
| <input type="checkbox"/> Community Room - Hourly Rental - _____ Hours @ \$45/hour..... | \$ _____ |
| <input type="checkbox"/> Baseball Field - Day Rental - 8 Hours - \$400 | \$ _____ |
| <input type="checkbox"/> Baseball Field - Hour Rental - _____ Hours @ \$50/hour..... | \$ _____ |
| <input type="checkbox"/> Video Projector - \$100..... | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Security Deposit for One Time Events (refundable* after event) \$200..... | \$ <u>200.00</u> |

*If you choose to cancel your reservation, a full refund will be honored if Proclaim FM is notified at least 30 days before the rental is to take place. Any cancellations that occur at least 2 weeks before of the reservation, a partial refund will be issued and \$100 will be retained from the \$200 deposit. Any cancellations that occur less than two weeks prior to the reservation, no refund will be issued.

Total: \$ _____

FACILITY RENTAL TERMS: Proclaim FM is a private Christian non-profit organization which is primarily funded by charitable donations. We reserve the right to deny access to the facility without explanation or burden to provide cause. We also reserve the right to cancel a scheduled event at any time, in which the renter will be notified in a timely manner and will be fully refunded. The Facility Manager will contact you after the form is submitted. You will be required to schedule a time to view the facility and provide a layout of the room set up before the reservation request can be approved. The reservation fees must be paid in full prior to the event. Those eligible for a deposit refund will be mailed a check on the first of the month following their event. If the scope or purpose of the event changes in any way, Proclaim FM must be notified immediately in order to initiate a new review of request. We have a **NO ALCOHOL and NO SMOKING POLICY**, inside the building or on the premises. Proclaim FM will not be held responsible for loss, theft, damage, injury, or death while on our premises.

Signature of Party Reserving the Facility

Date Signed

Acknowledged by Proclaim FM Staff Person

Date Signed

Date facility was viewed / set up layout was provided (staff initial)

Date deposit was paid (reservation confirmed) / Full Balance Paid