

The facilities will be reserved on receipt of this form (complete both sides) and applicable fee(s).

Make checks payable to **Roser Community Church** or pay online at [www.roserchurch.com](http://www.roserchurch.com)>GIVE and note that it is for Facility Use and the group.

I have read the entire form and will abide by the terms of the agreement

Signature of contracting party:

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_

Day phone \_\_\_\_\_

Night phone \_\_\_\_\_

Other phone \_\_\_\_\_

E-mail \_\_\_\_\_

Today's Date \_\_\_\_\_

\_\_\_\_\_



<b>FOR OFFICE USE</b>
Paid ___/___/___ Amt. _____ Check # _____
Approved by _____
Custodian: _____

ROSER COMMUNITY CHURCH  
512 Pine Ave • PO Box 247  
Anna Maria FL 34216  
941-778-0414  
[info@roserchurch.com](mailto:info@roserchurch.com)  
[www.roserchurch.com](http://www.roserchurch.com)

*Facility  
Use*

## Please Note

• Facilities are scheduled on a first come, first served basis. Roser Community Church reserves the right to cancel reservations at any time if needed for a funeral or other church emergency.

• Call the office (882-0223) to determine availability and your request will be pencilled in until final approval. A non-refundable deposit of \$100 is required to secure the date. The deposit will be applied to the fee.

• No smoking is permitted inside any of the buildings, and no alcoholic beverages may be consumed anywhere on church property.

• No food or beverage is permitted in the Chapel or Sanctuary.

• All beverages, condiments, paper products and food items are to be furnished by contracting party. Annual and seasonal contracts may leave supplies in one sealed marked container provided by the church and a price will be negotiated to use kitchen supplies.

• If there is damage or breakage, the contracting party agrees to bear the expense of replacement costs.

• **By completing the attached form you will inform us of the number of tables, chairs, and equipment needed. It is your responsibility to set the room up and return it to the way you found it. Sinks and counters should be cleared and wiped down. Trash should be bagged and taken to the dumpster.**

• Use only the room(s) requested.

• Children must be supervised at all times and not allowed to roam the building.

• Please make arrangements with the office if you will need a key to get into the building.

• Please do not prop doors open. Make sure they are locked and all lights are off before leaving the building.

• If you would like this activity promoted in the Roser Community Church Bulletin/Newsletter folder, please submit your announcement by the publication deadline.

## Facility Use Fees

*(Subject to change until deposit is paid)*

A non-refundable deposit of \$100 is required to secure the date. The deposit will be applied to the fee.

Classroom .....	\$25
Fellowship Hall.....	\$200
Sanctuary (seats 400) .....	\$300
Chapel (seats 90).....	\$250
Custodian (outside of work hours) . . .	\$100
Sanctuary Sound Tech.....	\$75
Use of Parking Lot.....	\$75

All fees and uses are at the discretion of the Board of Trustees.

Business Hours are 9:00 AM - 3:00 PM  
Monday - Friday

## RESERVATION FORM

TYPE of Activity \_\_\_\_\_

DATE of Activity \_\_\_\_\_

Time you will arrive \_\_\_\_\_

Time of activity \_\_\_\_\_

Ending time \_\_\_\_\_

If needed...

Setup Date \_\_\_\_\_ Time \_\_\_\_\_

I have a church key

NUMBER of people expected \_\_\_\_\_

ROOMS you will use:

FELLOWSHIP HALL       KITCHEN

Number of long tables \_\_\_\_\_

Number of round tables \_\_\_\_\_

Number of chairs \_\_\_\_\_

Sound System       DVD Player/Screen

CLASSROOM D

Number of long tables \_\_\_\_\_

Number of chairs \_\_\_\_\_

CLASSROOM C

Number of long tables \_\_\_\_\_

Number of chairs \_\_\_\_\_

SANCTUARY (seats 400)       Sound

CHAPEL (seats 90)       Sound

PARKING LOT      Number of Cars \_\_\_\_\_

OTHER \_\_\_\_\_