

**FIRST PRESBYTERIAN CHURCH**  
**1341 Juliana Street ■ Parkersburg, WV 26101**  
Phone: 304-422-5426 ■ FAX: 304-428-0372 ■ e-mail: [office@fpcparkersburg.org](mailto:office@fpcparkersburg.org)

**REQUEST FOR USE OF FACILITIES**

1) **Group Name / Event** \_\_\_\_\_

2) I/We request the use of (*list rooms*) \_\_\_\_\_ at First Presbyterian Church on (*date*) \_\_\_\_\_ from (*time*) \_\_\_\_\_ to \_\_\_\_\_

\*Request access to building for food prep, decorating, etc. (*date*) \_\_\_\_\_ (*time*) \_\_\_\_\_

*(If this requires the presence of our staff for more than 2 hours, on a day other than the event, see reverse side for additional charges.)*

3) **Description of activity:**  
\_\_\_\_\_  
\_\_\_\_\_

4) **Estimated Attendance:** \_\_\_\_\_

5) **Person(s) responsible for group while in building:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6) **Equipment or furnishings needed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form, with your deposit, must be returned to the church office at least 10 days in advance of your event to ensure accommodations. If necessary, attach a sketch of desired setup (tables, chairs, podium, sound system, etc.). We have sample sketches available if you are unsure what is needed.**

- I/We agree to pay in full the total *rental fees* indicated on the reverse side of this form *before* said event.
- I/We agree to be responsible for any *damages* to property incurred during this activity.
- I/We agree that no person in our group will bring, or allow another person to bring, *alcoholic beverages* onto church property, without *advance permission* from the Administration Committee of First Presbyterian Church.
- I/We furthermore hereby agree to waive any and all liability that may be incurred by First Presbyterian Church and/or its agents or authorized representatives. I/We hereby further agree that I/we will hold harmless and release First Presbyterian Church from any such liability. I/We understand that in the event that I/we incur any injury of any type as a result of participation in the above described event, First Presbyterian Church is not liable for medical expenses incurred as a result of such injury.

**Sign: X** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

*over* →

Name of Group/Individual: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Responsible person(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date &amp; Time of Event: \_\_\_\_\_

### FEE SCHEDULE

ROOM	RATE	Charges
Stevenson Hall / Kitchen (4 hours)	300.00	_____
Each additional 1 hour x _____	30.00	_____
Sanctuary (2 hours)	70.00	_____
Each additional 1 hour x _____	10.00	_____
Sound system & technician (2 hours)	40.00	_____
Sound tech. each add'l. 1 hr. x _____	10.00	_____
Harris Room (per 2-hour period) x _____	40.00	_____
Other Classrooms (per 2-hour period) x _____	30.00	_____
* Additional charge for access to building (food prep, decorating, etc.) for more than 2 hours on day other than event		* \$ _____

Date approved: \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

A 50% deposit of \$ \_\_\_\_\_ is due within 10 days of approval date. **Balance due before event.**

*(The above rates do not apply to weddings. There is a separate fee schedule for weddings and receptions.)*

**Please read, complete, and sign the other side of this form,** and mail with deposit to address below.

Make checks payable to: *First Presbyterian Church*

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#### First Presbyterian Church

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