

Unitarian Universalist Congregation of Grand Traverse

6726 Center Road, Traverse City, MI 49686
(231) 947-3117 office@uucgt.org

STANDARD BUILDING USE AGREEMENT - Effective June 1, 2020

Excluding Wedding and Memorial Services

To confirm and hold date, Security Deposit must be included with this signed agreement

TODAY'S DATE _____ DATE(S) OF EVENT: _____

NAME OF RESPONSIBLE PARTY / GROUP:

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

REHEARSAL DATE(S): _____ Time: From _____ To _____ Total Hours: _____

ACCESS TIME: From _____ To _____ ESTIMATED ATTENDANCE _____

EVENT TIME: From _____ To _____ TOTAL HOURS: _____

REFRESHMENTS SERVED? YES NO

PERSON RESPONSIBLE FOR CLEAN-UP: _____ PHONE: _____

SANCTUARY - Capacity 180

Chairs, Stage and Piano are available and may be moved with permission and must be returned following event. Use of Sound System and/or TV may be arranged and operated by Congregation approved or provided personnel. **\$150** for 3 hours use, plus additional \$20 per hour thereafter is required for use of the Sound System and/or TV.

Area	Non-profit \$ charged or collected	Non-profit non-member free admission	UUCGT Member private/personal event
Classroom	\$35 per hour	\$30 per hour	\$25 per use
Sanctuary	\$55 per hour	\$40 per hour	\$35 per use
Social Hall	\$45 per hour	\$35 per hour	\$35 per use
Social Hall & Kitchen	\$55 per hour	\$40 per hour	\$40 per use
Sanctuary, Social Hall and Kitchen	\$95 per hour	\$60 per hour	\$45 per use
Area Used: C S SH SH/K S/SH/K Rate: NP\$ NPF M Hours _____ Total \$ _____			

PLEASE COMPLETE REMAINING INFORMATION ON BACK

SOCIAL HALL

Number of Tables Needed _____ (11 available, seat 8 each)
Number of Chairs Needed _____ (90 stacking chairs available)

KITCHEN – Please Circle Use

* Beverage/Snacks * Meal Served * Food Prepared on Site * Food Brought In
* Food Catered Caterer Name _____

Residential kitchen appliances with limited refrigerator space are available. Special serving dishes/tablecloths/silver service are not available except under special agreement and additional charge.

BUILDING USE AGREEMENT IS EFFECTIVE UPON RECEIPT OF THE FOLLOWING

- _____ **\$50 Security Deposit**
- _____ **Proof of Liability Insurance for date(s) of event**
- _____ **Signed copy of Hold Harmless Agreement (below) signed by both parties**
- _____ **TOTAL Building Use Fee (not including Security Deposit) is due 14 days before event date**

WRITTEN AGREEMENT

This Building Use Agreement incorporates Building Use Terms and Rules of Conduct as stated in a separate document signed by the parties at the time this agreement is signed. Together these documents are the entire agreement. Any changes to this agreement must be in writing and signed by all parties.

HOLD HARMLESS AGREEMENT

The undersigned (representing the Responsible Party) agrees to the terms of this Standard Building Use Agreement. Responsible Party assumes all liability for accident, personal injury, property damage or theft of property which may result from Responsible Party's presence at the Unitarian Universalist Congregation of Grand Traverse at 6726 Center Road, Traverse City, Michigan, 49686 on event date.

Responsible Party does hereby agree to HOLD HARMLESS the Unitarian Universalist Congregation of Grand Traverse from any and all liability and responsibility for any injuries and/or accidents in connection with the event which may occur by/to guests or hosts while attending said event.

Responsible Party does hereby agree to be responsible for the conduct of the hosts and guests at the said event.

Unitarian Universalist Congregation agrees to provide facilities as outlined above for a scheduled event on: _____

Responsible Party _____ Date _____

UUCGT Representative _____ Date _____

OFFICE USE ONLY

rev 6.2020

ENTRY CODE # _____ Issue Date: _____ Walk-through Date: _____

SECURITY DEPOSIT \$50 Paid: \$ _____ Check #: _____ Date Received: _____

If eligible, Security Deposit will be returned to Responsible Party, shredded or as instructed by Responsible Party
Security Deposit Refund: \$ _____ Date Returned/Refunded: _____ Check Shredded: Yes No

