



Calvary by the Sea

"Sharing the Blessing of God's Grace with Aloha"

Calvary by the Sea Lutheran Church • 5339 Kalaniana'ole Hwy. • Honolulu, HI 96821 • 808-377-5477 • www.CalvarybytheSea.org

FACILITY USE AGREEMENT FORM

Today's Date: _____

Name of Organization: _____

Purpose of the Event: _____

Reservation Date: _____

Day of week Month/Day/Year

Set up begins: _____
 AM
 PM

Event begins: _____
 AM
 PM

Ending Time: _____
 AM
 PM

Number of people expected: _____

Facility or Room Requested: _____ Facility Use Fee: _____

Point of Contact for this event:

_____ Please print contact's name here (sign below)

Please note: The **Point of Contact** (POC) for this event must be present for the entire event and must be the sole point of contact for this event. The POC is responsible for checking out the key, going over the lock-up, signing the necessary paperwork, and finally returning the key by the day immediately after the event. It is recommended that the POC carry a cellular telephone for emergency purposes during the event.

POC home or business phone: _____ Cell phone: _____

Address: _____ E-mail: _____

Number Street

City

ZIP

Facility Coordinator	Mandatory			<input checked="" type="checkbox"/> Fee \$ 65.00
Parking Attendant:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	Bernard Simiona \$15 per hour (minimum of 2 hours)	<input type="checkbox"/> Fee \$
Sound Technician	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	Fletcher Young (\$100 for the first 3 hrs. \$30 per hour after that.)- Please ask for his availability	<input type="checkbox"/> Fee \$
Musician:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	Tom Poole/ Ina Young- organist	<input type="checkbox"/> Fee \$
Food Service Fee	<input type="checkbox"/> YES <input type="checkbox"/> NO	Catered Food:	_____	<input type="checkbox"/> Fee \$
Multi-Media Equip:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:	_____	
Certificate of Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	On file: <input type="checkbox"/>	Total Amount Due for event	\$ _____

Point of Contact signature:

I _____ have read the CBTS Facility Use Policy and I am aware of the rules and regulations. I am the rightful representative of the above listed group and I am to be held responsible for following the rules and regulations listed in the CBTS policy. I agree to the lock up procedure and will return the key to the church office on the next business day following the event. I also understand my deposit will be mailed back if applicable.

Fees & Deposit Required:	Facility Use Fee	_____	Total due:	_____
	Sub-total of fees	_____	Date Returned:	_____
Comments (written on back of sheet)	Security Deposit:	_____		