

East Swamp Church

Facility Rental Agreement

(Please print or type)

Name of Organization _____

Address _____

Type of Function: _____

Person in Charge: _____ Phone: _____

Date: _____ Time In: _____ Time Out: _____ No. or People _____

Facilities Needed: _____Sanctuary _____Youth Center _____Room(s) #_____

Equipment Needed: _____No. of tables _____No. of chairs

Usage Fees: _____Sanctuary _____Youth Center

_____Room _____Custodial Fee (if applicable)



Insurance coverage is not provided by East Swamp Church.

I have read the Guidelines and our group will endeavor to keep them. We assume responsibility for all recreational injuries.

Date

Signature

Please mail to:
East Swamp Church
Facility Rental
2405 E. Swamp Road
Quakertown, PA 18951

FOR OFFICE USE ONLY

Date confirmed: _____ Date paid: _____ Ch. _____ or Cash _____

Certificate of insurance: _____Yes _____No