

Request for Use of Space

office@firstchurchboxford.org 978.887.5841 PO Box 326 4 Georgetown Road Boxford, MA 01921

Please fill out this form and return to First Church Congregational Boxford either by mail or email along with a signed Terms and Agreement of Use Form. We will reply within seven days as to whether First Church facility is available for your event.

| Date: | | | | | | | |
|---|----------------------------|-----------------------------------|-------------|--|--|--|--|
| Name of Ministry/Organization: | | | | | | | |
| Event Name: | | | | | | | |
| | Event Day of the Week: | | | | | | |
| Setup Time: Start Time: | Stop Time: | Cleanup Finish Time: _ | | | | | |
| Number Attending: Adults: Teens: | Children: | | | | | | |
| (Note that large events may require police no | otification and/or presend | ce at an additional cost) | | | | | |
| Purpose and Description of Event: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Space Required | | | | | | | |
| Family Life Center | | | | | | | |
| Main RoomClassroom | KitchenBac | k Classroom | | | | | |
| Additional Notes on space needs _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If First Church staff is setting up the sp | pace, please include a roc | om layout sketch with this form | , including | | | | |
| number of tables, and number of cha | irs at each table. Please | note, there is a sexton fee for F | CCB setup. | | | | |
| First Church | | | | | | | |
| SanctuaryNursery _ | Library Classroon | n Number(s)Youth Room | Other | | | | |
| Additional Notes on space needs | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Technology Nee | ds: (to be set up with | the First | Church Tech Te | eam separately and | will be invoice | ed separately) | | | |
|-------------------|---------------------------------------|-------------|-----------------|----------------------|------------------|-------------------|--|--|--|
| Aı | udio Technician | Video | Technician | PPT/Video Pr | esentation | Play CD Music | | | |
| # | of Handheld Microph | ione(s) | # of Lap | pel Microphone(s) | Ove | rhead Projector | | | |
| Liv | ve Music/own equipr | nent | _Live Music/F0 | CCB equipment | Podium | # of Music Stands | | | |
| How w | vill your event utilize | the equip | ment? | | | | | | |
| - | | | | | | | | | |
| Kitchen Needs (| please check where a | ppropriat | e) | | | | | | |
| _ | Event will be cate | ered by ar | n outside cater | er | | | | | |
| _ | Food will be prepared by event group. | | | | | | | | |
| _ | Kitchen equipme | ent (stove, | refrigerator, d | ishes, silverware, e | etc.) to be used | I | | | |
| _ | | | | | | | | | |
| Contact Informa | ation | | | | | | | | |
| Event Contact: | | | | | | | | | |
| Street Address: | | | | | | | | | |
| City: | | State/Zip | | | | | | | |
| Email Address:_ | | | | | | | | | |
| Cell Phone: _ | | | Hom | e Phone: | | | | | |
| If billing name a | ınd address differs fro | om the cor | ntact informati | on, please include l | below | | | | |
| Billing Name: | | | | | | | | | |
| Street Address: | | | | | | | | | |
| | | | | | | | | | |
| Email Address:_ | | | | | | | | | |
| Cell Phone: _ | | | Hom | e Phone: | | | | | |

Thank you!

NOTES:

There are various fees for space and provisions for events at the First Church property. Please note them on the attachment.

A \$200 security deposit is required for all rentals. 50% of the total rental fee is required to hold a reservation and the remaining balance is due 14 days prior to the event.



Fee Schedule for Use of Space

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Fee Schedule for renters

Large Hall \$400 for total 4 or less hours \$25/hour over 4 hours \$mall Room \$50 for 1 or less hours \$25/hour over 1 hour

First Church Building

Sanctuary \$50 per hour

Wedding \$300 flat rate (includes one hour rehearsal)

Funeral \$200 flat rate
Coggin Room \$50 per hour
Vestry \$50 per hour

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If a sexton is required for setup and take down, he will invoice separately.

Audio Video Equipment Usage

Available A/V equipment ____Must be arranged with an FCCB technician.

Technician Must be arranged with an FCCB technician.

All A/V charges will be invoiced separately.

For events requiring A/V support:

All events - \$50 Rehearsal - \$25

Recording - \$25 If an event is recorded, copies can be provided on DVD for \$5.00/ea, no limit.

Kitchen and Kitchen Equipment Usage fees are extra and arranged as needed.