

## BUILDING USE FORM

(For purposes other than regular church business)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Other contact person or responsible party

\_\_\_\_\_  
Telephone Number

Please check one of the following:

\_\_\_\_\_ I am a member of Newton Highlands Congregational Church

\_\_\_\_\_ I am not a member of Newton Highlands Congregational Church

I am requesting use of the building for the following purpose(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting the use of the following space(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Days/Date(s) requested: \_\_\_\_\_

Time(s) requested: \_\_\_\_\_

Other request(s): \_\_\_\_\_

The Safe Church Policies and Procedures of Newton Highlands Congregational Church require its members to provide sanctuary – physical and emotional safety and security – for persons of all ages who are entrusted to its care. These policies require that all groups and individuals using Newton Highlands Congregational Church facilities as guests or as part of any arrangement with the Buildings and Ground committee comply with certain provisions which help to assure the safety and security of our church community.

Please sign the following to indicate your understanding and compliance with the conditions set forth by Newton Highlands Congregational Church.

I understand and agree that: \_\_\_\_\_ (Name/Organization)

will use the facilities of Newton Highlands Congregational Church only for the purpose(s) described above,

will use the facilities of NHCC for this purpose only during the hours described above, and

will keep all doors to the building closed and locked during the use of the facilities unless other specific arrangements are made with Newton Highlands Congregational Church Prudential Committee or its representative, documented in writing, and signed.

I understand and agree that I, personally,

am responsible for monitoring access to other parts of the building and assuring that all persons involved in the above purpose stay in the areas of the building requested above and leave the building at the conclusion of the activity(ies),

will only allow building access to persons who are involved in the above named purpose(s) and I will deny access to any other persons,

will be entirely responsible for the appropriate use and care of the facilities and I will take responsibility for fixing any damage that is done during use of the facilities, and

will return the space to the condition in which I found it prior to leaving the building.

I understand that \_\_\_\_\_ (Name/Organization) will lose the privilege to use the facilities of NHCC if I fail to comply with *any* of the conditions set forth in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
NHCC Representative

\_\_\_\_\_  
Title