

**ALL SAINTS CHURCH**  
**APPLICATION FOR USE OF FACILITIES**

Please complete and send this form to the Facilities Manager. You may scan it and email it as a pdf (this method is recommended to expedite the application process), or you may send it by regular mail.

Email: [ben@allsaints-chd.org](mailto:ben@allsaints-chd.org)

Mailing Address:

Facilities Manager  
4310 Garrett Rd.  
Durham, NC 27707

Group Name: \_\_\_\_\_

Recurring Event? (circle one) Yes / No. If Yes, indicate recurrence: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time(s) Requested (including set-up and tear-down time): \_\_\_\_\_

Group's Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Rooms Requested (circle all that apply): Sanctuary, Foyer/Narthex, Classroom 1, Classroom 2, Nursery, Kitchen, Playground

If requesting the Sanctuary, will you require use of the sound system? (circle one) Yes / No

\*Please note: only ASC trained sound team members may use the sound system and they must be paid per the ASC Fee Schedule.

Describe, in detail, the use to be made of these facilities

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The applicant has read the Church Facility Use Policy and agrees to use the facilities in the manner described therein. In consideration of the use of the church's facilities as set forth herein, and other good and valuable consideration, the applicant, for itself and its successors, assigns, employees, officers, directors and customers hereby unconditionally release and waive any and all claims of any nature whatsoever, whether known or unknown, contingent or absolute, past, present or future, which they may have or hereafter acquire against All Saints Church or any of its successors, assigns, employees, officers, directors directly or indirectly based upon, attributable to or relating to the use of the facilities by the applicant.

Applicant's Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

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

\*\*\*Please note that the submission of an application does not guarantee the use of the facilities.  
Requests will be accepted and granted pursuant to the Facility Use Policy.

**For Office Use Only**

\_\_ Accepted

\_\_ Declined: \_\_\_\_\_

\_\_ Deposit Paid Amount: \_\_\_\_\_ Cash/Check (# \_\_\_\_\_) Date: \_\_\_\_\_

Name on Check: \_\_\_\_\_