

First Christian Church

901 Arizona Ave. El Paso, Texas 79902

Phone 915 533-6819

Email: fccelpaso@gmail.com

BUILDING USE REQUEST FORM



Please submit form at least two (2) months prior to allow enough time for the processing of the form. Do not publicize your event until you receive confirmation from the church office that your event has been approved and added to our calendar. Once we receive payment and insurance your event will be placed on our calendar.

Date Application Made: _____
Date of Event: _____ Day of Week: _____
Event Start Time: _____ Event Ending Time: _____
(Set-up) Time: _____
Requesting Organization: _____
Address: _____
Phone: _____ Email: _____

Submitted by: _____
(Print Name)

Signature: _____

Circle Preference:

Room	Full Day Rate	Half Day Rate	Hourly Rate
Sanctuary	\$500	\$300	\$150
Carroll Hall	\$450	\$250	\$100
Library	\$120	\$60	\$40
Chapel	\$250	\$150	\$80
Parlor	\$250	\$150	\$80
Nursery	\$120	\$60	\$40
Kitchen	\$75	\$50	\$30

(Kitchen use is limited to serving only - no cooking permitted.)

Please refrain from publicizing event till request is approved and payment and insurance policy is confirmed.

An additional \$20 rate will apply for janitorial services:

A full day is 8 hours and half day is 4 hours:

If hours requested is exceeded an additional hourly rate will apply:

Name of User's Insurance Company: _____
(First Christian Church must be named as an additional insured on your insurance policy. Furnish a copy of Insurance to FCC one week prior to use of facility.)

Approved by: _____

Date approved: _____

Date payment and insurance received: _____

Updated May 31, 2017