



## External Building Rental/Space Request

### Policies and Procedures:

- 1) Submit your request in writing to the Director one month prior to the date of the event.
- 2) Your request must be written on the attached facility request form. Request can be e-mailed to [wvines@gmchcfamilylife.org](mailto:wvines@gmchcfamilylife.org) or faxed to (202) 529-2806. Please allow up to 72 hours for a response. Telephone requests will *not* be accepted. **You may complete this document online save a copy to your hard drive and return the document by email.**
- 3) Keep a copy of your request. Upon your approval, you will receive a confirmation e-mail and/or A Facility Usage Agreement (depending upon length of usage).
- 4) As indicated on the attached form, a request must include the following information:
  - Name of the person or organization requesting space
  - The reason/purpose for the request
  - Date and time of the event
  - Number of people anticipated
  - Preferred location(s)
  - Logistics (i.e. chairs, tables, etc)
  - Contact information of person making the request
- 5) Please be sure to allow enough time to set up and clean up. For example, if the event is 12:00p.m. - 4:00p.m., the request should be from 11:30a.m - 4:30p.m. There will be an additional \$50.00 charge for each additional hour beyond your approved time.
- 6) There are separate fees for each space in the center. There will be an additional \$75.00 per hour fee for any event conducted after normal hours of operation.
- 7) A security deposit of \$100.00 is required at the time of your request. The security deposit will be returned pending that there are no damages/cleaning to the room(s). It is the responsibility of the person/organization to leave the building in the best condition in which it was found.
- 8) Due to the high numbers of requests, FLCC staff must be notified no later than seven business days in advance if you need to cancel the event. If no contact is made to cancel the event within the allotted time, the security deposit will not be refunded.
- 9) Eating and drinking are permitted in the Multipurpose Room. We allow home-cooked food and catering. There is no food allowed in the bowling alley. However, you may request an alternative room for refreshments.
- 10) Please note there are separate fees and paperwork required for security, audio, and video services (i.e. microphone, projection, screen, music, etc). This request is for building use only.

Office Use Only	
Date Received:	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

**The Bishop Alfred A. Owens, Jr.  
Family Life Community Center**

**External Building Request Form**

Please complete and give this form to the FLCC Director at least one month prior to an event.

It is the responsibility of the person and/or organization making the request to meet with the FLCC Director one week prior to the event.

<b>Name of Person Requesting Space:</b> <i>(Last, First, M.I.):</i>		<b>Organization:</b>		
<b>Home Phone Number:</b>		<b>Work Phone Number:</b>		
<b>Event Date:</b>		<b>Time of Event:</b>		
<b>CONTACT E-MAIL ADDRESS:</b>				
Contact Cell Phone Number:				
<b>Purpose for Request:</b>				
<b>Room(s) Being Requested:</b>  Check all that apply	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Chapel	<input type="checkbox"/> Classroom A	<input type="checkbox"/> Second Floor Open Space
	<input type="checkbox"/> Boardroom	<input type="checkbox"/> Game Room	<input type="checkbox"/> Classroom B	<input type="checkbox"/> Tennis Court <input type="checkbox"/> Volley Ball Court
	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Dance Studio	<input type="checkbox"/> Multipurpose Room	
<b>Will refreshments be served?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Anticipated number of people at event:</b>	<input type="checkbox"/> 10 - 25	<input type="checkbox"/> 25 - 50	<input type="checkbox"/> 50 - 100	<input type="checkbox"/> 100 - 150
	<input type="checkbox"/> 150 - 200	<input type="checkbox"/> 200 - 250	<u>Number of chairs needed:</u> <u>Number of tables needed:</u>	
<b>Number of volunteers:</b>	Please include a list of names and where they will be stationed			
<b>Advertising:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Flyers	<input type="checkbox"/> Mailing	<input type="checkbox"/> Bulletin
	<input type="checkbox"/> Posters	<input type="checkbox"/> Radio	<input type="checkbox"/> Other (please specify)	
<b>Have you contacted the following?</b>  Check all that apply	Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Audio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Video	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	