

Greater Bethel AME Church

Property Control Form

Property that is being borrowed must be returned within 3 business day after the event. Please ensure the property that will be returned in same condition as it was before being released.

Name of responsible party

Date

Items: chairs _____ ---tables _____ --- other _____

Location of event

Time of event: _____

Return Date _____

Trustee Signature

**GREATER BETHEL AFRICAN METHODIST EPISCOPAL CHURCH
EVENT PLANNING PACKET**

Please complete the planning data sheet in full and return four (4) weeks prior to the event. If you have any questions or concerns please call Laurestine Bass (954-431-2249).

FACILITY RULES

1. This building is limited to use by religious and civic organizations
2. No fundraising activities are permitted.
3. Food and drinks are restricted to the lower auditorium.
4. Smoking is **not** permitted on church property.
5. Alcoholic beverages or other drugs are not permitted on church property.
6. All facilities and equipment must be left in the condition and position in which they were found. This includes placing trash in the appropriate containers.
7. Decorations must be in good taste for a place of worship. Tape and tacks are not permitted. Flowers and candles must have bases or stands for support.
8. Flower arrangements information (if required) must be made by the person who signed the lease and the church administrator must be notified of the delivery and date. The church is not responsible for missed deliveries.
9. Flowers and decorations must be removed immediately following the activity.
10. **A \$15 per hour rate will be assessed for each hour beyond the four hours contracted time for custodial services. Time frames must be followed explicitly.**
11. The fees quoted include upon approval:
 - a. Set-up of church equipment
 - b. Opening and closing of the church
 - c. Use of areas specified in the contract only
 - d. Trash placed in appropriate containers
12. Audio equipment (mikes only) if needed requires prior approval. The reason being a church technician must be present.
13. One half of the total fee is required upon date confirmation and approval. The remaining amount is due two (2) weeks prior to the event.
14. **The scheduling of events (weddings, funeral, family reunions, etc.) fee does not apply to members who are in good and regular standing , but must be approved by the Trustee Board and the Pastor.**
15. Greater Bethel AME Church is not responsible for any damages to your vehicle, any personal property stolen or any injuries while on church premises. **Security may be secured by persons on the lease agreement.**
16. Final approval of any event must be given by the Senior Pastor.
17. The cancellation policy requires that upon approval there is two week notice if the event cancels. If not the deposit is non-refundable.
18. **Prior approval is required from the Pastor for use of the new visual system and a cost will be applied for the appropriate personnel for system operation.**

EVENT FEES SCHEDULE (NON_MEMBERS)

AREA	NON-MEMBERS
Upper Auditorium (Formal Events)	\$450.00
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Lower Auditorium	\$275.00
Upper & Lower Auditorium	\$600.00
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Audio Technician (microphones only)	\$100.00
Custodial Fee	\$75.00
Audio Technician (projection screen/camera) Special Request	\$ 200.00
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COMMUNITY MEETINGS (i.e. Fraternities, Sororities, Civic Organizations, Etc.)	
Lower Auditorium	\$250.00
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Upper Auditorium	\$350.00
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A standard administrative service fee of \$200 is applied per day for 2 event staff and custodian.

If additional event staff is required, the cost is \$50.00 per event staff. I agree to comply with the rules and regulations set forth in this document of Greater Bethel A.M.E. Church. All payments shall be payable to the order of Greater Bethel A.M.E. Church.

Signed: _____

Date: _____

Approved: _____

Pastor

Trustee Pro Tem/Designated Trustee

Comments: (special requests)

EVENT PLANNING SHEET

Please return this form to the church's Administrative Assistant four (4) weeks prior to the requested event. You will be notified within seven (7) day if the date and area requested is available.

Date Submitted _____ Date of Event: _____

Description/Name of Event/and any additional services required for the event below):

(USE ADDITIONAL SHEETS IF NEEDED)

Begin Time: _____ End Time _____

Event Coordinator: _____ E-Mail _____

Address: _____

Phone: _____ Cell: _____

Room Requesting _____ Cost _____ Number of persons _____

Please check one:

____ Sound Technician (mikes only) ____ (#) Additional Event Staff

____ Audio Visual Technician (project screen) ____ Additional Tables/Chairs

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Event Coordinator _____ **Date:** _____ **Deposit** _____

Balance Due: _____ **Total Hours of Usage** _____ **Cost:** _____

Overtime(if applicable) _____

Responsible Person for Payment: _____

Signature _____ **Date** _____

**Please note two (2) days prior to the event the church must be notified if the event cancels.
Deposits are not refundable if in the event the church is not properly notified.**

A \$25 facility charge will be charged to each patron paid from this contract.

THANK YOU