

**Today's Date** \_\_\_\_\_

<b>Meeting Room only:</b>	<u>Non Profit</u>	<u>Family</u>	<u>For Profit</u>	<b>Paid Check#/Cash</b> _____
All day	\$75	\$100	\$150	<b>Fee or Waiver</b> _____
4 hours or less	\$50	\$75	\$100	<b>Cleaning/Damage Deposit</b> _____
Kitchen (In addition to or separate)	\$50	\$75	\$75	<b>Scheduled/Door Code</b> _____
<b>Cleaning/Damage Deposit</b>	\$50	\$50	\$50	<b>Refundable Deposit Returned</b> _____

Fees shall be paid in advance. **Checks payable to Spirit of Grace Church.** Fees may be adjusted or waived for non-profits or events that directly support the hunger related ministries of FISH and Spirit of Grace Church. Use of the facility will include the use of tables, chairs and audio visual equipment in the meeting room. Room capacity is 100. Groups are expected to complete the check list in order to receive the cleaning deposit back. The organization using the facility assumes responsibility for any damages that may occur while using the facility.

Event Title \_\_\_\_\_ Organization \_\_\_\_\_

Number of people expected \_\_\_\_\_ Purpose \_\_\_\_\_

Event Date \_\_\_\_\_ Time \_\_\_\_\_

Open to public? \_\_\_\_\_ Admission? \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Additional requests or comments (if using kitchen name of food handler permit holder)

\_\_\_\_\_

\_\_\_\_\_

Above named person and/or signer will be responsible for any damage to the facilities as a result of the event. Enclosed check out sheet must be completed. Until this signed application and deposit has been received and approved, the reservation is not considered confirmed. ***I have read and agree to the attached policies for the use of the FISH facilities.***

Print name \_\_\_\_\_ Signature \_\_\_\_\_

**Day of Event Only Contacts:** Jennifer F. 541-399-6897 Debby C. 541-399-2384

**Submit to:** [office@hoodriverchurch.com](mailto:office@hoodriverchurch.com) or mail to Spirit of Grace Church, 1140 Tucker Rd, Hood River, OR 97031. Church Office 541-386-3993