

# Niles Discovery Church Facilities Use Request – Renters

*Complete a hard copy of this form, sign it in the two required places, and send it to:  
Office Administrator, Niles Discovery Church, 36600 Niles Blvd., Fremont, CA 94536*

Date of Facilities Use: \_\_\_\_\_ Set-up starting at: \_\_\_\_\_ Clean-up finished by: \_\_\_\_\_  
Program Begins at: \_\_\_\_\_ Program ends at: \_\_\_\_\_

If this is a recurring program explain frequency of recurrence: \_\_\_\_\_  
\_\_\_\_\_

Name of Program: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsoring Organization/Person: \_\_\_\_\_

Does this organization have a religious tax exemption from Alameda County? \_\_\_\_\_

Does this organization have a welfare tax exemption from Alameda County? \_\_\_\_\_

Does this org. have an IRS tax exemption determination? \_\_\_\_\_ Tax ID number: \_\_\_\_\_

Requester: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Requestors Position in Group: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of people expected: \_\_\_\_\_ Will food be served? \_\_\_\_\_ Will alcohol be served? \_\_\_\_\_

(Note: If you plan to serve alcohol, there are additional policies to follow and forms to complete.)

Do you want to use: the piano? \_\_\_\_\_ the organ? \_\_\_\_\_ the church's AV equipment? \_\_\_\_\_

Who will be cleaning and locking the church after use? \_\_\_\_\_

Rooms you want to use:

Sanctuary

Room 2

Fellowship Hall & Kitchen

Room 3

Room 1

Room 4

### Hold Harmless Agreement

Niles Discovery Church (NDC), its employees and members are not liable for accidents or injuries occurring on the premises. By signing this agreement, any persons or group using the church facilities agrees to accept the premises "as is"; to waive any claims against NDC, its employees or its members arising out of the condition of the facilities or any accident or injury occurring on the premises; and to hold harmless, defend and indemnify NDC, its employees or members with respect to any claims arising out of the condition of the facilities or any accident or injury occurring on the premises.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I/We have received and read, and I/we agree to follow the Niles Discovery Church Facilities Policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Rental Costs**

Room	Approx. Sq. Ft.	Approx. Occupancy	Rate/hr	Deposit	Cleaning Fee
Complete Church			\$225	\$360	\$360
Sanctuary		175 Seated	\$100	\$170	\$170
Fellowship Hall & Kitchen	1768	226 Standing/113 Dining	\$100	\$170	\$170
Room 1	380	24-30	\$50	\$50	
Room 2	130	6-8	\$15	\$20	
Room 3	210	8-10	\$20	\$20	
Room 4	244	12-15	\$30	\$10	

*In some cases, users may be required to pay for one of the church's Facilities Hosts to be present at \$35 per hour.*

**Rate Application** (full deposit applies)

- For profit ----- 100% Rate
- Non-profit ----- 100% Rate
- Non-profit community outreach ----- 50% Rate
- Concert----- 100% Rate or 40% of ticket sales
- Special Offering non-profit ----- 0% Rate
- Personal non-member ----- 100% Rate
- Personal use, member----- 25% Rate

A using group or individual may petition the church for lower rates. The petition must be made no later than six weeks before the first event to allow the church Ministry of Property Team to consider the request.

**FOR OFFICE USE ONLY**

Room(s) available as of: \_\_\_\_\_ initials: \_\_\_\_\_

**Approval by Niles Discovery Church**

**Approval:** The facilities use is approved pending (check all that apply)

- Receipt of Proof of Insurance naming Niles Discovery Church as a "co-insured" or "also insured"
- Receipt of fees and deposits

Deposit: \_\_\_\_\_  
 Rent: \_\_\_\_\_  
 Cleaning Fee: \_\_\_\_\_  
 Facilities Host: \_\_\_\_\_ (number of hours, plus ½ hour) x (\$35)

Other conditions: \_\_\_\_\_

For Niles Discovery Church: \_\_\_\_\_ Date \_\_\_\_\_