

## HINGHAM CONGREGATIONAL CHURCH FACILITIES USE AGREEMENT FORM

Date of application: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Primary contact phone and email: \_\_\_\_\_

Primary contact address: \_\_\_\_\_

Emergency contact during event: \_\_\_\_\_ cell phone \_\_\_\_\_

Date of function: \_\_\_\_\_

Type of function: \_\_\_\_\_

Beginning time of function: \_\_\_\_\_ Ending time: \_\_\_\_\_

Name of church member sponsor if applicable: \_\_\_\_\_

Room(s), equipment and furnishings requested: \_\_\_\_\_

Please describe the intended use of the facilities: \_\_\_\_\_

Number of persons attending: \_\_\_\_\_

Space	Church Member/Non Profit, (501c3)	Non-Members/Outside groups
<b>Sanctuary:</b> Occupancy 300 max.	Donation	\$300
<b>Hale Fellowship Hall</b> Without Food and Beverage: Occupancy: 100 Seated 200 Standing	\$200	\$500
<b>Hale Fellowship Hall</b> With Food and Beverage	\$300	\$600
<b>Classrooms</b> Occupancy: 20	Donation	\$25/hour

**Rental Fee for Space: Check all that apply**

Sanctuary \_\_\_\_\_ \$ \_\_\_\_\_

Hale Fellowship Hall  
without food and beverage \_\_\_\_\_ \$ \_\_\_\_\_

Hale Fellowship Hall with food \_\_\_\_\_ \$ \_\_\_\_\_

Classroom \_\_\_\_\_ \$ \_\_\_\_\_

Refundable damage deposit \_\_\_\_\_ \$350

Custodian/Staff/Church Rep. fees,  
(\$50/hr, 2 hour minimum) # of hours \_\_\_\_\_ Total \$ \_\_\_\_\_

**TOTAL RENTAL FEE:** \_\_\_\_\_ \$ \_\_\_\_\_

An initial deposit of one half of total rental fee is due upon signing this agreement. The balance is due one week before the event. This signed form (page 1) must be accompanied by the signed Facilities Use Policy Agreement.

**Indemnification agreement:** To the fullest extent permitted by law, I, the undersigned, and my organization, agree to defend, indemnify, and hold harmless the Hingham Congregational Church, its officers, directors, employees, and members from and against all claims, suits, and/or causes of action for bodily injury, including death therefrom, personal injury, and/or property damage caused by the user, their guests or invitees.

I have read the enclosed policy of Hingham Congregational Church Use of Facilities by Outside Organizations and I agree to abide by those terms.

Primary contact signature: \_\_\_\_\_ Date \_\_\_\_\_

***Return this form with payment to: Hingham Congregational Church, 366 Main Street,  
Hingham, MA 02043. 781-749-1276***

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**Office Use Only:**

Application received on, (date): \_\_\_\_\_ by \_\_\_\_\_

Board of Trustee approval date: \_\_\_\_\_

Name of Trustee \_\_\_\_\_

Minister signature, (if required) \_\_\_\_\_

Security deposit received, (date) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid in full, (date) \_\_\_\_\_ Amount: \$ \_\_\_\_\_