

**APPLICATION FOR USE OF
METROPOLITAN SEVENTH-DAY ADVENTIST CHURCH FACILITIES**

Name/Organization

Address

Telephone Number(s)

Type of Activity (e.g. wedding)

<u>FACILITIES DESIRED</u>	<u>RATE</u>	<u>DATE*</u>	<u>HOURS**</u>	<u>AMOUNT</u>
Application Fee	\$150	.....		.....
Sanctuary	\$125/hr	.....		.....
Fellowship Hall	\$100/hr	.....		.....
Kitchen	\$75/hr	.....		.....
Other Rooms	\$25	.....		.....

Subtotal from above: _____
Refundable Fee 50% of the total: _____

TOTAL AMOUNT IS: _____

***State the Day of the week, the Month, Date and Year(e.g., Sunday, 01/04/06)**

****State the actual time of intended use (e.g., 1:00 p.m. to 4:30 p.m.)**