## The Harvest House Ministries Facility Use Agreement

Date of Request:			
Name of Group:			
Contact Person:			
Type of Event:			
Date of Event:			
Time:			
Fee Schedule:			
	For Church Members	For Non-Church Members	
Sanctuary	\$150.00	\$300.00	
Fellowship Hall/Kitchen Area	\$100.00	\$200.00	
Sound Technician	\$50.00	\$100.00	
Spare Office		\$75.00	
A minimum fee of \$75.00 for the nonmembers) since the work done such as weddings, banquets, etc.  A refundable \$100.00 deposit is requipon signing of this agreement; and there are no damages. In the event of	will be extra. Additional quired for non-church member will, therefore, be refunded.	charges may be required for oners and \$50.00 deposit for ched provided that the facility is	special events urch members
50% of the balance owed must be a of the balance owed must be paid t notice must be given for a full refurefunded.	wo weeks prior to the even	t. In the event of cancellation	n, a seven-day
Areas needed:			
Sanctuary Kitchen		Fellowship Hall Spare Office	
Other:			
(Note: If the event is a wedding, please con	nplete the Wedding Request form	and review the wedding policy.)	
If you are in agreement with these to	erms, please sign and return	with your deposit within seve	n days to:
The Harvest House Ministries P.O. Box 1437, Roebuck, SC 29376			
Signed:	Dat	e:	