

Church of the Wayfarer

P.O. Box 2205
Lincoln and 7th
Carmel, CA 93921
(831) 624-3550

Fax (831) 624-2530
e.mail: office@churchofthewayfarer.com
website: www.churchofthewayfarer.com

Room Use Application

Name of Group/Organization: _____

Contact Person/Title : _____

Address: _____

Phone numbers: _____

E-mail address: _____

Dates requested: _____

Times requested: _____

Room requested: _____

Purpose for room use: _____

Number of tables requested _____ Number of chairs requested _____
(only 6 ft and 8 ft rectangular tables available)

*****PLEASE NOTE: ALL SET-UP AND TAKE-DOWN IS YOUR RESPONSIBILITY*****

Signature of responsible party _____ Date: _____

Print name and phone number of responsible party: _____

For Office Use Only:

Approved by: _____ Title: _____ Date: _____

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Room Use Contract

Welcome to the Church of the Wayfarer! We are happy to share our space with our community. In the interest of harmony among all people using our space, and taking good care of our resources, we ask that you read our philosophy and policies. Please initial the following:

_____ When you are hosting any event in the church building, you are representing the Church of the Wayfarer. Please consider that one of our missions in the community is to shine God's Light with love and kindness.

_____ Make sure that all doors are locked upon leaving.

_____ Turn out all lights when not in use, and keep doors closed to conserve heat.

_____ Please leave the room as you found it. (i.e., put furniture back where it was, empty trash, etc.)

_____ When there are other people using near-by rooms, please strive to be cooperative and considerate.

_____ We encourage you to nurture your talents in the use of our space, and we welcome you to share them with our congregation, as appropriate.

_____ I agree to promptly return any keys issued.

Fee _____

Key(s) checked out _____ Key(s) returned _____
(Date and name of Wayfarer representative) (Date and name of Wayfarer representative)

By signing this contract, I have read and agree to follow all of the room use policies.

Signature: _____ Date: _____

Office Staff Signature: _____ Date: _____