

FAMILY LIFE CENTER AGREEMENT

To Whom It May Concern:

I am the responsible representative of this organization and wish to schedule this facility from the ByPass Church of Christ, on the dates indicated below:

Signature _____

Name (Print Please): _____

Date and Times of Building Use: _____

Organization: _____

Phone Number: _____

A Usage Fee is submitted at this time to lock in our dates in the amount of \$50.00. The fee will be returned after function and the building cleaned to its original status. I understand the fee will not be returned if building is not cleaned.

A copy of our Building Policy is attached. (Initial) _____

FOR OFFICIAL USE ONLY:

I have received a Usage Fee in the amount of \$50.00 for the use of the Family Life Center.

(Secretary Signature): _____

Date: _____

Date: _____

Organization: _____

Phone Number: _____

A Usage Fee is submitted at this time to lock in our dates in the amount of \$50.00. The fee will be returned after function and the building cleaned to its original status. I understand the fee will not be returned if building is not cleaned or damaged.

A copy of our Building Policy I attached.

FOR OFFICE USE ONLY:

I have received a Usage Fee in the amount of \$50.00 for the use of the Family Life Center.

_____ **Date:**_____