

FAMILY LIFE CENTER MEMBER 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 of \$50 and a deposit of \$50.00 is submitted at this time to reserve the dates requested. The deposit will be returned after the function and the building is cleaned to its original status. I understand the fee will not be returned if the building is not cleaned or there is damage.

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

FOR OFFICIAL USE ONLY:

I have received a deposit in the amount of \$50.00 for the use of the Family Life Center. I have received a \$50 Usage Fee as well.

(Secretary Signature): _____

Date: _____

Date: _____

Organization: _____

Phone Number: _____

A deposit in the amount of \$50.00 has been submitted at this time to reserve the dates requested. The deposit will be returned after the function and the building is cleaned to its original status. I understand the deposit will not be returned if the building is not cleaned or if there is damage.

A copy of our Building Policy is attached.

FOR OFFICE USE ONLY:

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

Signature _____

Date: _____