

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 Numbers:_____

A Usage Fee of \$100.00 plus a \$50.00 deposit is submitted at this time to secure the date and time requested. The \$50.00 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. (Initial) _____

FOR OFFICIAL USE ONLY:

I have received a Usage Fee in the amount of \$100.00 plus a deposit of \$50.00 for the use of the Family Life Center.

(Secretary Signature):_____

Date:_____

Date: _____

Organization: _____

Phone Numbers: _____

A Usage Fee of \$100.00 plus a deposit of \$50.00 was submitted at this time to reserve the date requested. The \$50.00 deposit will be returned after the function and the building is cleaned to its original status. I understand the \$50.00 deposit will not be returned if the building is not cleaned or if it is damaged.

A copy of our Building Policy is attached.

FOR OFFICE USE ONLY:

I have received a Usage Fee in the amount of \$100.00 plus a \$50.00 deposit for the use of the Family Life Center.

Signature _____

Date _____