

# **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 \$200.00 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 building is cleaned to its original status. I understand the deposit will not be returned if the 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 \$200.00 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 \$200.00 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 \$200.00 plus a \$50.00 deposit for the use of the Family Life Center.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_