FIRST PARISH CONGREGATIONAL CHURCH
P.O. Box 114, 47 East Derry Road
East Derry, NH 03041
(603) 434-0628

Building Request Form
Please fill out the following questionnaire listing the name of the organization or group if applicable, and the name of the person who is representing the organization or group.

Organization Name	
Contact Name	
Address	
City, State, Zip	
Contact Phone	
Email Address	

Dates and Hours needed for setup and use: _____; _____

Will this be a reoccurring event?   YES [ ] NO [ ]
    If yes confirm how often you will be meeting? Weekly [ ]   Bi-Weekly [ ]   Monthly [ ]

Will an entrance fee/donation be charged?   YES [ ] NO [ ]
Will this event raise funds?   YES [ ] NO [ ]

Security/Key Holder Deposit:

Please Choose the Room or Rooms desired,
NOTE: The heating season is from Nov 15 Thru April 15 (additional costs may apply if building used that time)
                *[$10.00 heat fee]   **[$20.00 heat fee]   ***[$25.00]

Noyes Building Downstairs			Noyes Upstairs/Currier		
*John Classroom (half day)	$40		***Currier Hall (335 ppl MAX)	$125	
*John Classroom (full day)	$60		*Currier Hall Kitchen (light use)	$30	
*Luke Classroom (half day) (20 ppl max)	$20		*Currier Hall Kitchen (full use)	$75	
*Luke Classroom (full day) (20 ppl max)	$40		*A/B Classroom (half day) (25 ppl max)	$20	
*Cook Conference Room (4hr limit) (25 ppl max)	$35		*A/B Classroom (full day) (25 ppl max)	$40	

Person Responsible for Opening/closing/and insuring the facility is clean and secure during/after the even.

Name:	
Address:	
City/State Zip:	
Telephone Number:	

Total Cost to Use Facility: $ _____

Signature:_____ Date:_____

Form Revised 9/29/15 lr

Office Use Only:

Date Request Was Received/Received By Whom	____/____/____
Confirmed Date/Time Available/ Confirmed By Whom	____/____/____
Date Request Was Sent to Facilities	____/____/____
Date Request Was Approved/Denied	____/____/____

Facility Notes/Questions/Concerns:

_____
_____
_____
_____
_____

Request Approved [ ]   or Denied [ ]
Reason for being declined…

_____
_____
_____

Is cost associated with Rental: YES [ ] NO [ ]
If yes;

Has Payment been Made: YES [ ] NO [ ]
Additional Information about Payment

_____
_____

Additional Notes:

_____
_____
_____
_____
_____

Form Revised 9/29/15 lr