

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 reservation request.

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

Please check if you would like to receive our Newsletter

Dates of Proposed Use \_\_\_\_\_ (Please attach schedule if function is on-going)

*Set Up* begins at \_\_\_\_\_

*Event* begins at \_\_\_\_\_

*Event* ends at \_\_\_\_\_

*Clean Up* ends at \_\_\_\_\_

**Will an entrance fee/donation be charged?**

YES [ ] NO [ ]

**Will this event raise funds?**

YES [ ] NO [ ]

Please Choose the Room or Rooms desired. All Rooms are temperature controlled.

Education Building (Noyes)			Function Building		
A/B Classroom (max 25 ppl)	\$65		Currier Hall (max 335 ppl)	\$150	
Nursery (max 10 ppl)	\$45		Currier Hall Kitchen (light use)	\$55	
			Currier Hall Kitchen (full use)	\$100	
John Classroom (Rainbow Room) (max 80)	\$75		Luke Classroom (max 25 ppl)	\$45	
			Cook Conference Room (max 25 ppl)	\$60	

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

Copy of Driver's license is required upon key pick up.

Name:	
Telephone Number:	

**Please note if you would like to make a donation to our Meetinghouse Rehabilitation \$ \_\_\_\_\_**  
**Total Cost to Use Facility: \$ \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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:**

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Request Approved [ ] or Denied [ ]

Reason for being declined...

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Is cost associated with Rental: YES [ ] NO [ ]

If yes;

Has Payment been Made: YES [ ] NO [ ]

Additional Information about Payment

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Additional Notes:

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