

First Unitarian Universalist Society of Albany

405 Washington Avenue
Albany, NY 12206
518-463-7135

Facilities Rental Application

RENTAL REQUEST Date of requested rental _____ Time _____ a.m/p.m.
 ___ One time use ___ Ongoing rental: (describe, e.g. first Monday/month, 7-9 pm) _____

 Room(s) requested: _____

 Name of Event: _____ # people attending _____
 Description of activity (if needed): _____

 Tables, chairs or special equipment needed: _____

APPLICANT

_____ phone number
 Contact Person

 Organization email address

 Street

 City, state, zip

 FUUSA member in charge (if applicable): _____ Member's phone # _____

RENTAL AGREEMENT

I have read and agree to the conditions of use as listed in the "Building Use Policy" (5/9/96) and recognize that failure to adhere to said conditions shall be cause for termination of arrangements for use.

Applicant Signature

Date

This rental agreement is not final until written approval is received.

Approved by

Date

FOR OFFICE USE ONLY
FEES
 Security Deposit _____ (separate check)
 Room(s) _____ Wall calendar _____
 _____ Computer calendar _____
 Equipment _____ Sexton notified _____
 Sexton _____
 TOTAL _____ Key fob deposit: \$10 each
 Deposit rec'd _____ # fobs \$ _____
 Balance due before event _____ Fob deposit rec'd date: _____
 Ongoing rental payment plan: _____ Fob deposit ret'd date: _____