

**Park Place Community Center
Use Request Application**

Those wishing to use our facilities are encouraged to arrange for a tour. Once the desired spaces are known, complete and submit this request to the Center's Director of Operations by mail at 802 East Fifth Street, Anderson IN 46012, or e-mail at kstreit@ppchog.org. Please call the Community Center at 765.374.4662.

Today's Date: _____		<input type="checkbox"/> NEW EVENT	<input type="checkbox"/> CHANGE in Existing Event
Primary Contact: _____	Phone: () -		
Email: _____	Alt Phone: () -		
Address: _____	Emergency: () -		
City: _____	State: _____	Zip: _____	

EVENT INFORMATION	
Event Name: _____	
Sponsoring Organization or Individual: _____	
If this is a Park Church of God event, please indicate the committee or ministry area responsible. _____	
Description of Event: _____	
Number of Attendees Expected: _____	Total: _____ Adults: _____
Children under 18: _____	Adequate and appropriate supervision required.

TIME AND DATE INFORMATION		
<input type="checkbox"/> One Time Event	<input type="checkbox"/> On-Going Event	<input type="checkbox"/> Recurring Event
Date: _____	Start Date: _____	Dates: _____
Start Time: _____ a.m./p.m.	End Date: _____	Start Time: _____ a.m./p.m.
End Time: _____ a.m./p.m.	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	End Time: _____ a.m./p.m.
	S M T W T F S	
	Start Time: _____ a.m./p.m.	
	End Time: _____ a.m./p.m.	
Set Up beginning: _____ a.m./p.m	Room cleared by: _____ a.m./p.m.	

SPACE, SET-UP AND RESOURCES REQUESTED			
● Meeting Rooms	<input type="checkbox"/> Room 12	<input type="checkbox"/> Room 13	<input type="checkbox"/> Room 14
	<input type="checkbox"/> Room 16	<input type="checkbox"/> Room 18	
● Kitchen, specify;	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Outdoor Space	<input type="checkbox"/> Other
<input type="checkbox"/> Store & serve only			
<input type="checkbox"/> Store, prepare and serve food			

Do you need tables for this event? No Yes If yes, indicate number and type below.

8' Long # _____

6 Top Round, # _____

Do you need chairs for this event? No Yes If yes, indicate number:

Check below if any of the following are requested for your event.

Sound System

Microphones (_____ number)

Projector & Screen

USE RATES AND FEES (Updated 1/1/17)

Space	Description	Rate
Classrooms	Daily rate, per use (24 hour period)	\$50.00
	Per hour use (if less than 5 hours)	\$10.00
Gymnasium	Per hour use	\$35.00
	Daily rate, per use (24 hour period)	\$250.00
Kitchen	Daily rate: Store and serve food	\$30.00
	Daily rate: Store, prepare, serve food	\$100.00
Outdoor Space	Based on request	As Arranged
Additional Fees		
Security Deposit	Based on use needs/request	As Arranged
Tables	Each (charged for special set ups only)	\$3.00
Chairs	Each (charged for special set ups only)	\$.50
Technology Equipment	Package (Sound System, Mic, Projector & Screen)	\$20.00
Technology Equipment	Each	\$10.00
Event Staffing	On-site staff, maintain bathrooms, trash, doors, etc. (Need of event staffing determined by Executive staff)	\$11/hour