

Unity Church Facility Use Request Form

Date Submitted ___/___/___

“We are a thriving spiritual community inspiring and empowering individual and global transformation. Centered in spirit, we celebrate a world of love, peace and abundance for all.”

Event Presenter/Promoter: _____

EmailAddress: _____ Phone _____

Title of Event: _____

Brief Description of Event: _____

How does this event support, encourage or align with the mission and vision above?

How will this event benefit those attending/participating?

Dates(s) of Event: ___/___/___ To: ___/___/___ Weekly___ Monthly___

Access to room needed by: _____ (am/pm) Until: _____ (am/pm)

Actual Time of Event: _____ (am/pm) To: _____ (am/pm) Expected Attendance: _____

Event Is: (check) Unity_____ *Unity Sponsored_____ *Non-Unity_____

Note: *(fees may apply, See Policy/Event Coordinator for details)

Type of Event: (check all that apply)

___Spiritual Transformation ___Prayer/Meditation ___Healing/Wellness ___SEE Credit
___Fair/Craft/Dance ___Personal Growth ___Business/Training ___Life Event Celebration

Facility Requested: (check all that apply)

___The Ark #1 (small room) ___Sanctuary ___Grounds/Patio
___The Ark #2 (large room) ___You room ___Lending Library
___Office Area ___Nursery ___Entire Unity Center

*Admission Fee: \$_____

___Pre-registration required ___Donation/Love Offering ___No Fee

Note: * A work/ scholarship of (2) individuals is allocated for all workshops, classes and other events requiring a set fee. All inquiries to the Event Coordinator (208)- 699-7777 or peaceun2u@roadrunner.com.

The Event Planning Packet with Policy and Fees for rental use will be emailed upon approval. It is recommended that the Facility Use is scheduled 90 days prior to the event to guarantee space. A flyer for advertising is your responsibility. Bulk mailing must be scheduled 6 weeks in advance of event. All terms and conditions must be approved and agreed in writing by both parties prior to approval. Any form not received a minimum of 30 days before the event is subject to cancellation. I need____ do not need____ to schedule a preview of the church facility. (check one)

I have read and fully understand and agree to the terms and conditions of this Facility Use Request Form and certify that all information provided is accurate and completed to the best of my knowledge and abilities:

Print Name

Signature

Dated ____/____/____

Please E-mail, Fax or Mail to:

Kathleen Tomich Event Coordinator

peaceun2u@roadrunner.com Fax: (208) 457-7202 UCNI Event

Unity Church of North Idaho 4465 N. 15th St. Coeur d'Alene, Idaho 83815

Office Use Only:

Facility Use Request Received: Dated ____/____/____ Initials _____

Percentage Income : _____% to Unity _____% to Facilitator

Minister Approval: Yes ___ NO___ Dated ____/____/____ Initials _____

Event Approved: YES ___ NO___ Dated ____/____/____ Initials _____

Approval Email sent to Facilitator: Dated ____/____/____ Initials _____

Event Planning Packet Emailed: Dated ____/____/____ Initials _____

Posted to Online Calendar: Dated ____/____/____ Initials _____

Print Name: _____

Signature _____

Dated ____/____/____

Event Coordinator____/Minister____/Office Administrator____

Revised: 1/5/12