

Greater St. James Temple  
Family Life Center  
13255 Asheville Hwy Inman SC 29349  
RENTAL AGREEMENT AND POLICY AND PROCEDURES FOR  
**EXTERNAL RENTAL**

This form must be completed in its entirety and submitted to the applicable Possibility Center Director **AT LEAST 30 DAYS IN ADVANCE OF THE EVENT, NO EXCEPTIONS, THIS INCLUDES SUBMITTING SEPARATE REQUEST FORMS TO THE MINISTER OF MUSIC AND TO THE HEAD OF THE AUDIO/ VISUAL MINISTRY. DO NOT LEAVE FORMS IN THE SECRETARIES BOX, PLEASE PRESENT DIRECTLY TO THE APPROPRIATE DEPARTMENT HEAD EITHER MANUALLY OR ELECTRONICALLY.**

Name of Program: \_\_\_\_\_  
Date of event: \_\_\_\_\_ Time: Opening of building \_\_\_\_\_ Close of building \_\_\_\_\_  
Rental space needed: please indicate space or spaces needed by checking them below:  
Gym \_\_\_\_\_ Kitchen \_\_\_\_\_ Class Room \_\_\_\_\_ Whole building \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Size of Membership: \_\_\_\_\_

Our building is smoke free and alcohol will not be permitted.  
All deliveries and pick-ups (food, flowers, sound equipment, etc.) must be scheduled with Family Life Center representative. Please seek advice from the Family Life Center representative before decorating (**no tape or adhesives on the walls**).

This completed form accompanied with your deposit and signed agreement reserves the space you requested.

Renter's responsibilities are listed below. Please indicate your agreement to these rental conditions by signing on the line below and returning this agreement to the Administration office or the Family Life Center Rental Operation Manger so that your rental can be recorded on the centers rental calendar.

The Family Life Center will provide the following:  
Provide a clean and orderly space.  
Provide orientation to the building and equipment use.  
Provide someone to unlock the doors and lock up after the event.  
(\$15.00 an hour with a minimum of 2 hours and dependent upon the event two (2) individuals may be attached to your event for security purposes).

Renting Organization or Individual is responsible for the following:  
•Do your own set up and clean up.  
•**Leave the building as it was found. In the event that cleaning is necessary after the renter has left the premises, the \$75.00 deposit will be kept for general cleaning. If professional services are required to repair or replace items damaged during your rental you will be presented with an invoice for the damage or loss.**

- The undersigned is at least 21 years of age, and assumes liability and responsibility for any and all breakage, loss, or damage to the building or its contents occurring during the incident to its use by the group, or as a result of any windows or doors being left open or unlocked during or after use.
- Outside decorations must be approved by church personnel. Messages with political or graphic content are prohibited from being displayed.

I understand and agree to the above conditions. Failure to comply will result in the loss of rental privileges and/or payment for damages to the building.

I hereby affirm that the information given herein is true and accurate to the best of my belief and knowledge and that I am authorized to act on behalf of the named organization. I acknowledge that I will be responsible for informing all participants at the event of the conditions and restrictions regarding the use of the facility. Manually signing or electronically entering a signature indicates my agreement to the Rental and Policies and Procedures set forth in this document.

Authorized Representative:

\_\_\_\_\_  
Print Name (Person requesting center)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date

Approval: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_

**FEE SCHEDULE FOR THE "FAMILY LIFE CENTER"**

<u>SERVICES</u>	<u>PRICE</u>
GYM USE ONLY	\$350.00/\$75.00 DEPOSIT/SECURITY (2) @ \$15.00 PER EVERY 2 HRS (UP TO 8HRS)
KITCHEN USE ONLY	\$150.00 (UP TO 8 HRS) /\$75.00 DEPOSIT
KITCHEN AND GYM	\$450.00 (8HR event)/\$75.00 DEPOSIT/ SECURITY (2) @\$15.00 PER HR
INDIVIDUAL ROOMS	\$75 PER HR/\$75 DEPOSIT MIN. 4HRS.
STAFF TIME	\$15.00 PER HOUR (MIN. 2HRS.) EQUIPMENT OPERATION ONLY
CONFERENCES	DEPENDING UPON CONTRACT TERMS

**KITCHEN USE DOES NOT INCLUDE THE USE OF ANY COOKWARE OR UTENSILS**

**ALL EVENTS WILL BE PROVIDED WITH A 2 HOUR SETUP AND 2 HOUR BREAKDOWN TIME FOR YOUR EVENT THE DAY OF YOUR EVENT ONLY**

**ANY ADDITIONAL TIME WILL BE BILLED AT \$75.00 AN HOUR FOR THAT DAY  
IF AN ADDITIONAL DAY IS REQUIRED FOR SETUP OR BREAKDOWN THAT WILL CONSTITUTE AS  
AN ADDITIONAL DAYS RENTAL PER THE ABOVE FEE SCHEDULE**

ALL RENTALS REQUIRE ½ OF THE RENTAL TO BE PAID AT THE TIME OF CONTRACT COMPLETION AND PROGRAM APPROVAL IN THE FORM OF CHECK TO: **TEMPLE EDUCATION MINISTRIES, INC. CHECK MAY BE MAILED TO GREATER ST. JAMES TEMPLE (ATTENTION: TEMPLE EDUCATION MINISTRIES, INC.) 13255 ASHEVILLE HWY., INMAN SC 29349.**

IN ORDER TO ENSURE THAT YOUR EVENT IS PROPERLY BOOKED, YOU SHOULD RESERVE YOUR EVENT **AT LEAST 30 DAYS** BEFORE THE EVENT IS TO TAKE PLACE. IS YOU RESERVE THE POSSIBILITY CENTER, BUT DECIDE NOT USE IT, THEN YOU FORFEIT YOUR SECURITY AND HALF OF THE RENTAL DEPOSIT.

POSSIBILITY STAFF MUST BE PRESENT DURING YOUR EVENT AND COMPENSATED IN THE AMOUNT OF FIFTEEN (\$15.00) DOLLARS PER HOUR FOR SECURITY IF THE EVENT REQUIRES SUCH.

TEMPLE EDUCATION MINISTRIES, INC. RESERVES THE RIGHT THE ENSURE THAT THE FACILITY IS PROPERLY MANAGED; THEREFORE, SECURITY MAY BE ATTACHED TO YOUR EVENT. NO MORE THAN 2 GUARDS WILL BE ATTACHED TO YOUR EVENT COST.

(REVISED 6/30/2014)

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**REQUEST FORM FOR THE AUDIO VISUAL MINISTRY**

This form must be completed in its entirety and submitted **AT LEAST 30 DAYS IN ADVANCE OF THE EVENT, NO EXCEPTIONS, DO NOT LEAVE FORMS IN THE SECRETARIES BOX, PLEASE PRESENT DIRECTLY TO THE HEAD OF THE AUDIO VISUAL MINISTRY EITHER MANUALLY OR ELECTRONICALLY.**

Name of Program: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

LIST EQUIPMENT REQUIRED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHOIR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DANCE MINISTRY: \_\_\_\_\_

\_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
Print Name (Person requesting center)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Head of Audio Visual

\_\_\_\_\_  
Date

Approval: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_

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**REQUEST FORM FOR THE MUSIC MINISTRY**

This form must be completed in its entirety and submitted **AT LEAST 30 DAYS IN ADVANCE OF THE EVENT, NO EXCEPTIONS, DO NOT LEAVE FORMS IN THE SECRETARIES BOX, PLEASE PRESENT DIRECTLY TO THE MINISTER OF MUSIC EITHER MANUALLY OR ELECTRONICALLY.**

Name of Program: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

LIST EQUIPMENT REQUIRED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHOIR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DANCE MINISTRY: \_\_\_\_\_

\_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
Print Name (Person requesting center)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Minister of Music

\_\_\_\_\_  
Date

Approval: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_