**GENERAL INFORMATION:**

This form is for internal users of our spaces, specifically members for meetings and events directly related to Hamline’s ministry, and existing tenants for their organizational purposes. Hamline Church members wanting to reserve space for a personal purpose not directly related to Hamline’s ministry, or for our existing tenants, fees may apply. Also, please refer to your lease for any applicable clauses. If you are specificially interested in booking the church for a wedding, please contact Aileene Vanderbilt, Hamline Wedding Coordinator, at 651.263.1161. If you are specifically interested in renting the bread oven, please request and fill out the bread oven form (also available on our website). For further inquiries, please call the church office at 651.645.0667 and ask for our church administrator.

Important building use policies to know before submitting this form:

* No alcohol may be sold or consumed on our premises. Generally, no food or drink is allowed in the sanctuary.
* Our facility bans all weapons.
* Regular rental hours are: Monday through Friday 9 am – 4 pm and Tuesday through Thursday 5:30 – 9 pm. Sunday afternoon between 1:00 – 4 pm there is limited availability of some spaces. Events outside of these hours will require additional review and approval.
* If your event will require table set-up/take-down, or food/drink will be served, and you wish to clean up after yourselves, please indicate that in the cleaning fee line item below.

Event Title (could be used for promotional purposes):

Event Purpose:

Event Sponsor:       Hamline Church Member [ ]  Tenant: [ ]

Contact Name (Event Manager):       Contact Phone:       Contact Email:

Event Date:       Start/End Times:       [ ] AM or [ ]  PM to       [ ] AM [ ] PM

Set-up time needed prior:       hrs Will food or drink be served? [ ] Yes [ ] No # of attendees

Access Options:

[ ]  Please unlock the south entry door from:       [ ] AM or [ ]  PM to       [ ] AM [ ] PM for this event. (Best for larger events or those involving the general public.)

[ ]  Please issue me a temporary key code and I will arrange a greeter to admit other event participants.

[ ]  I would like to check out the tablet to view and admit callers individually. (Best for a smaller group of known attendees as well as new callers attending your event or group, and you are not able to provide a door greeter for the entire time period when attendees might be arriving.)

[ ]  I already have a key code or fob (reminder: keycodes and fobs are not to be shared with others).

**Rooms and Rental Rates (Mark the room you want in the first column with an “X”.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Room Wanted** | **Room** | **Capacity** | **Room Wanted** | **Room** | **Capacity** |
| [ ]  | Sanctuary | 800 Full550 (sightlines) | [ ]  | Classroom 7 | 25 |
| [ ]  | Fireside Room | 200 | [ ]  | Classroom 6  | 15 |
| [ ]  | Kitchen | NA | [ ]  | Art Room | 20 |
| [ ]  | North Lawn | 150 | [ ]  | Green Room | 15 |
| [ ]  | Classroom 8 | 25 | [ ]  | Parlor | 60 |

Note: fees that may normally apply may be waived in cases where there is minimal logistical impacts on staff or space, there is a missional affinity or past successful history with Hamline Church and your event or organization. Please refer to our Building Policies and Procedures for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fee Applies** | **Fee Type** | **Rate** | **Note**  |
| [ ]  | Site Monitor  | $25 per hour | Required for all rentals where the public will attend or you cannot provide someone to admit attendees. |
| [ ]  | Audio/Visual Tech | $40 per hour | If you are using our A/V equipment and/or need help with setting up or using mics, speakers, projectors or lighting. |
| [ ]  | Custodian Services (Setup & Cleanup)  | $75 - $200 | Rate dependent on event size, rooms used, whether food or drink is being served, and timing of event in terms of when custodian will need to clean in consideration of their normal business hours, and other events or activities that may precede or follow your event.  |
| [ ]  | Setup/Cleaning | $40 (refundable) | We will both set up and clean up ourselves. Please provide us a check-off list of responsibilities that we commit to fulfilling. Fee will be refunded if space is left in good order, or applied to have our custodian come in and clean up. We understand if custodial fees exceed this amount, we will be billed for and will pay the remainder. |

**ROOM SET-UP CONFIGURATION DESIRED**

For the Fireside room and parlor, you can choose a table and chair configuration that bests suits your needs. Round tables seat nine and long tables seat eight.

Parlor: Limit 8 tables Fireside: Limit 20 tables

Configuration desired (place the number of tables in the blank by your choice(s) below. The number of chairs will directly follow the number of table capacity or, if no tables, expected attendees plus 10%.

      Banquet Style (distributed, not oriented specifically toward a presenter location)

      Classroom Style without tables – chairs in a [ ]  rows or [ ]  U-shape (one open side) directed to a presenter

      Classroom Style with tables - [ ]  round or [ ]  long tables in a

 [ ]  “U” shape (one open side) directed to a presenter [ ]  closed shape (no open side, oriented to each other)

      6’ tables for food or item displays (will be placed to side – please move to your desired location)

Please set up also: [ ]  podium [ ]  lectern mic       # of add’l mics [ ]  projector       # Easels

Below, please give us any further information you consider important to the evaluation of the purpose or the logistical arrangements needed for this event that are not indicated above:

Acknowledgement: By entering my name below, I understand and agree to all the terms, conditions and fees regarding rental of Hamline Church space and building use policy.

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

 Signature Type Name Date

**FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Custodian Name:** |  | **Fees Charged** | **Amount** | **PAID or BILL** |
| **Time Billed:** |  | **1. Room Rental** | **$**  | **[ ]  Pd [ ] Bill** |
| **Send Check to:** |  | **2.**  | **$**  | **[ ]  Pd [ ] Bill** |
| **HCUM Staff** |  | **3.**  | **$**  | **[ ]  Pd [ ] Bill** |
| **Date Signed Off:** |  | **4.**  | **$**  | **[ ]  Pd [ ] Bill** |