**GENERAL INFORMATION:**

Thank you for your inquiry about renting space from Hamline Church. This form is for general rental of church meeting and event space. For more information on:

* Weddings – contact Phaedre Sanders, Hamline Wedding Coordinator, at 651-323-1459 or at [weddingcoordinator@hamlinechurch.org](mailto:weddingcoordinator@hamlinechurch.org).
* Bread Oven – see the Bread Oven Reservation form on [www.hamlinechurch.org](http://www.hamlinechurch.org) .
* Kitchen – see the Kitchen Reservation form on [www.hamlinechurch.org](http://www.hamlinechurch.org) .

For further inquiries, please call the church office at 651-645-0667. Please note:

* No alcohol may be sold or consumed on our premises. No food or drink is allowed in the sanctuary.
* Our facility bans all weapons.
* For certain events where we have an established partnership or that are in strong alignment with our mission, a rental fee discount may be possible. We will not rent to any group or event whose purpose is in direct conflict with our mission. Please inquire with the church staff if you have any questions.
* Regular rental hours are: Monday-Friday 9 am to 4 pm and Monday-Thursday 5:30 to 9 pm. Sunday afternoon, 1:00 to 4 pm, there is limited availability. Events outside of these hours will require additional approval and fees.

Event Title and Purpose:

Sponsoring Organization Name:

Address, City, State, Zip:

Contact Name: Contact Phone:

Contact Email: HCUM Member? Y N

Event Date: Start/End Times: to Set-up time required

Will food or drink be served? Yes No Expected number of attendees

**Rooms and Rental Rates (Mark the room you want on the line with an “X”.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Select Room** | **Capacity** | **Fee** | **Description of Space** |
| Sanctuary | 800 Full  550 (sightlines) | $500 - $1,500 | Beautiful ritual, speaking or concert event space with restored stain glass windows and pipe organ. Altar area can be converted for a speaker or choir. Professional sound and lighting system, piano also available. Minimum fee (one to four hours) is $500 and all day rental is $1,000. Up to an additional $500 may be charged depending on staff, custodial, technical or event monitoring requirements. |
| Community  Room | 200 | $250 | Large meeting or reception hall accommodating a variety of table and chair set-up configurations, stage. Commercial kitchen is attached, additional fees apply. |
| \_\_\_\_ Eastside  Greenway | 75 | Varies | Large newly constructed outdoor greenspace with three patio areas and walkway through native plantings. |
| Kitchen | 100 | $100 | Commercial kitchen with gas stove, steaming table, high temp dishwasher, serving window. Site monitor and additional contract required. |
| Classroom  7/8 | 25 | $50 | Tables and chairs for group meetings, sink; carpeted. |
| Classroom  6 | 15 | $35 | Comfortable couches for casual meeting space; carpeted. |
| Room 10  (Art Room) | 20 | $50 | Large table for working on craft projects, sink; carpeted. |
| Green Room | 15 | $75 | Upholstered chairs, sofa, coffee table, piano; carpeted. |
| \_\_\_\_\_ Parlor | 60 | $80 | Meeting tables and chairs; carpeted. |

**ADDITIONAL FEES AND DEPOSITS THAT MAY BE REQUIRED (Staff will mark which fees will apply.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fee Will Apply** | **Fee Type** | **Rate** | **Note** |
|  | Damage Deposit | $50-250 (flat fee) | Due with reservation payment prior to event. Refunded in full if there are no issues requiring additional cleaning or repairs. |
|  | Cancellation Fee | 50% of Rental | If you cancel your event within 45 days of the date, we will retain 50% of the rental fee and refund you the rest. |
|  | Site Monitor | $25 per hour | Required for all external rentals. |
|  | Audio/Visual Tech | $50 per hour | 1 hour minimum. Required if more than lectern and one handheld mic are required. |
|  | Custodian Services (Setup & Cleanup) | $75 - $200 | Rate dependent on event size, rooms used, whether food or drink is being served, timing of event (after hours) and other events/church activities that may precede or follow your event. |

**COMMUNITY ROOM AND PARLOR ROOM SET-UP CONFIGURATION**

**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%.

*Parlor: Limit 8 tables Community Room: Limit 20 tables Round tables seat nine, long tables seat eight.*

\_\_\_\_\_ Banquet Style (distributed) \_\_\_\_\_ Long tables in a “U” shape (one open side)

\_\_\_\_\_ Classroom Style, no tables (chairs in rows or U-shape) \_\_\_\_\_ Long tables closed square/rectangular shape

\_\_\_\_\_ Classroom Style with tables

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

Please set up (indicate with an “X”): \_\_\_\_\_ podium \_\_\_\_\_ lectern mic \_\_\_\_\_ # of add’l mics \_\_\_\_\_ projector

**Hamline Church reserves the right to cancel and/or change all room reservations, regardless of payments made, to accommodate unexpected major church-related services, such as funerals.  All attempt will be made to avoid this, but should such circumstances arise, 72 hour notice will be given, staff will make arrangements to reschedule/refund as needed.**

**Acknowledgement: By signing below, I understand and agree to all the terms, conditions and fees regarding rental of Hamline Church space and Hamline’s building use policy. Rental is not reserved until full payment is received. I understand if I am charged a damage deposit that I may not receive part or any of it back at the discretion of Hamline staff. If requested, I will provide a copy of my organization’s current insurance policy showing Hamline Church as additional insured.**

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Printed Name Signature Date

**FOR OFFICE USE ONLY**

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