

APPLICATION FOR USE OF UUCGV FACILITY

1022 Grand Avenue
Grand Junction, CO 81501
(907) 257-0772
UUCGVadministrator@uucgv.org

Person/Organization requesting: Social Action / Interweave

Nature of organization: Social Political Religious Charitable Educational
 Non-profit other: _____

Person(s) responsible: Name: Robert E. McDonald

Address: 541 Teller Ave. GJ CO

Telephone: 970-201-5798

Email: eldrethone@gmail.com

Date(s) & time of function: either Sunday, Oct. 16th or riday, Oct. 14th

Reservation duration Day(s)/Time: probably 6:30 to 9:30 pm (Includes time
for setup and clean up)

Space to be used: * Sanctuary (large group capacity)
 Rear of Sanctuary (up to 24 people)
 Small meeting room (up to 12 people)

Number of Adults ___?___ Number of Children _____

Supervision of activity (who, how many) I will attend

Nature of activity (movie, speech, meeting, dance, concert, wedding etc) concert

Will admission be charged? No * Yes \$__15.00_____ Items sold? No Yes

Will food or drink be served? * No Yes What? _____

Will alcohol be served? * No Yes What? _____

Will you be using equipment? * No Yes Which? _____

A refundable \$100 cleaning, compliance and damage deposit is required with this application.

Deposit received in cash check #

UUCGV will let you know promptly whether your application has been approved. Please let us know if your organization has any change of plans. If the activity is cancelled less than seven days before the event, a \$20 administrative fee will be withheld from the returned deposit.

I have received a copy, understand and agree to abide by the UUCGV Facility Use Policy.

Signature: _____ Date: _____

Fee: \$ _____ Received in cash check

Board or Team Sponsor:

Date:

Sign or Animal Approval (Circle) Renter initial _____ Board designee _____