

South Salem Presbyterian Church
111 Spring Street
South Salem, NY 10590
(914) 763-9282

2023 APPLICATION FOR SHORT-TERM USE OF FACILITIES (duration of 4 weeks or less)

Date of application: _____

Person receiving application: _____

Name and Description of organization requesting use of facilities (Please Print):

Relationship to SSPC, if any:

Contact information:

Name: _____

Title with organization, if any: _____

Address: _____

Phone: _____

Email: _____

Date(s) requested: _____

Times requested: from _____ am/pm to _____ am/pm

Space requested: _____

Nature of Event: _____

How many people are expected to attend: _____

Is organization a 501 (c) (3) not-for-profit organization? _____ Yes _____ No

For Sanctuary Only (not applicable to Funerals/Memorial Services/Weddings): Is use of Yamaha Concert Grand Piano requested? ___ Yes ___ No

Has Use been approved: ___ Yes ___ No

Extra payment (\$375) Paid _____ Date _____

Contact information for any other person(s) responsible for this requested usage:

On behalf of myself and/or the organization I represent, I have received and read the usage agreement rules for SSPC and I/we will comply. We will pay the required amount according to the use donation schedule, including a \$250 cleaning fee.. I/we understand that an application fee of \$35 is required to accompany this application for use, that within one week of being notified that this application is approved I/we must make an additional usage donation of one-half of the total, and that no later than one week before the scheduled use I/we must provide the remainder of the full amount to SSPC. The application fee will be credited to the usage donation amount. I/we understand the requirement to provide proof of insurance, and I/we will provide such proof of insurance no later than two weeks before the first scheduled use. I/we understand that no refunds will be made for cancellations of use with less than two weeks' notice to SSPC, except for weather cancellations. All refunds are subject to a \$35 processing fee. Returned checks and insufficient fund fees will require additional payment of \$30.

Signature _____ *Date* _____

Print Name and title: _____

Signature on behalf of SSPC _____ *Date* _____

Name and title: _____