



FACILITY USE APPLICATION

Holy Innocents' Episcopal Church is blessed that you have chosen us to host your event.

IMPORTANT: Please note that we cannot take your room request into consideration until this application has been completed and approved by the Events Coordinator or Rector. Please complete the below application and return it to:

Events Coordinator
 Holy Innocents Episcopal Church
 805 Mt. Vernon Hwy NW
 Atlanta, GA 30327
 Phone: 404-255-4023 x110
 facilities@holyinnocents.org

NOTE: If your group/event is approved, we will require the following documents in order to continue with the process of coordinating your event at Holy Innocents' Episcopal Church:

- Signed Facilities Use Agreement
- Signed General Release and Indemnity Agreement
- Where practicable, Certificate of Liability Insurance in the amount of \$1,000,000.00 (minimum), naming Holy Innocents' Episcopal Church as an ADDITIONAL INSURED

Organization / Group Name:	Application Completion Date :
Organization Information: Address: _____ City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____ Email: _____	Organization Contact Person: Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

<p>Website: _____</p>	<p>Fax: _____</p> <p>Email: _____</p>
<p>How did you learn about Holy Innocents' Episcopal Church?</p> <p>Is your group/organization non-profit?</p> <p>_____ Yes _____ No</p>	<p>What is the primary mission of your organization?</p>
<p>How long has your group/organization been in existence?</p> 	<p>How often do you anticipate using our facilities?</p> <p>_____ Once _____ Monthly _____ Weekly</p> <p>_____ Other (please explain)</p> <p>What is the requested date and time for your event?</p> <p>_____</p> <p>What length of time is your anticipated event?</p> <p>_____ hours</p>
<p>What type of space/support do you need? (a conference room, large meeting space, etc.)</p> 	<p>Do you need AV/media set up?</p> <p>_____ Yes _____ No</p> <p>Do you need food preparation and/or catering service?</p> <p>_____ Yes _____ No</p>

Approved at Vestry Meeting 10/16/12

Application submitted by: _____
(Print Full Name)

Signature: _____

*VESTRY APPROVED _____, 2012