



*making · maturing · multiplying*

**First Baptist**  
OWENSBORO

**Non-FBC Member/Group CONTRACT FORM**

for the use of

**THE CHRISTIAN LIFE CENTER**

First Baptist Church of Owensboro, Inc.

P.O. Box 904 \* 230 J.R. Miller Boulevard

Owensboro, Kentucky

Phone (270) 683-3505 \* Fax (270) 683-8067

Date Requested (Day and Date) \_\_\_\_\_ Time Requested \_\_\_\_\_

Organization/Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Person Responsible \_\_\_\_\_ Telephone \_\_\_\_\_

**Circle the Area Desired** (FBC Staff has the right to limit areas of use depending on the nature of the event.)

**Aerobics Room | Game/Tot Room | Gym | Parlor | Racquet/Walleyball | Snack Area/Kitchen**

If a **CLASSROOM** is desired, please list room number(s): \_\_\_\_\_

**Special Equipment request:** \_\_\_\_\_

**CLC Reservation Policies**

1. The use of the CLC facilities and all its equipment will be at the risk of the participant.
2. First Baptist Church does not assume liability or responsibility for the health of or any injury to the user of the facility.
3. Reservation must be made at least two weeks in advance with a \$40 deposit. Event scheduling can only be finalized on the calendar with the deposit and signed contract. Any accepted reservation less than two weeks in advance must be paid in full including the deposit, with the completed contract. No refunds will be given for cancelation if within one week from scheduled event. Your deposit will be held until all costs are finalized. Any remaining overage of your deposit will be refunded to you by mail after your event.
4. Reservations made during regular operating hours do not guarantee exclusive use of the CLC.
5. All programs or usage of the CLC requires the presence of a FBC staff member.
6. A copy of the organization's Certificate of Insurance is required by FBC. This document will be required before confirmation of reservation.
7. The group or organization is responsible for seeing that the area of the CLC that was used is clean and trash emptied before they leave.
8. All groups must have adequate supervision. Each group must have a ratio of one adult (age 18 or older) to every ten youth / children.

9. Each group will be held responsible for any damage to the building or equipment while being used by the group.
10. All groups will be subject to all CLC policies and procedures, specifically taking note of the guidelines outlined for the area they use. If you would like a copy of these policies, please contact the CLC staff.
11. All reservations will have a three (3) hour maximum time limit unless otherwise stated by the CLC staff at the applicable rate payable to First Baptist Church.
12. Requests for specific equipment must be made in advance (denoted on the submitted contract form).
13. These items are not allowed in the CLC: tobacco in any form, anything considered a weapon, any alcoholic beverage, controlled substances, or anything that would detract from a safe, Christian atmosphere.
14. The CLC is used to glorify God and influence people for Jesus Christ. The programs and activities of the CLC are a ministry of First Baptist Church to the body of Christ and others in our community. Participants should exhibit the character and values of Jesus Christ. Therefore, our speech, dress, and conduct should be an encouragement to those around us and never a hindrance or stumbling block.
15. Public display of affection is not acceptable behavior in the CLC.
16. The wage fees for reservations are as follows:
  - a) During CLC Hours: \$30/hour
  - b) Outside CLC Hours: \$40/hour

***Note: Groups must comply with area regulations for the specific areas as well as entire CLC policies and procedures.***

**I have read the policies and regulations, accept the responsibilities stated, and agree to abide by all stated policies.**

**Signed** \_\_\_\_\_

**Position with Organization** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone** \_\_\_\_\_

**FOR OFFICE USE ONLY**

# OF HOURS RESERVED \_\_\_\_\_ TOTAL AMOUNT DUE \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

DEPOSIT PAID AMOUNT \$ \_\_\_\_\_  CASH (Give receipt)

CREDIT CARD (Card Type/Approval Code) \_\_\_\_\_

CHECK (Bank Name/Check #) \_\_\_\_\_

BALANCE DUE PAID AMOUNT \$ \_\_\_\_\_  CASH (Give receipt)

CREDIT CARD (Card Type/Approval Code) \_\_\_\_\_

CHECK (Bank Name/Check #) \_\_\_\_\_

**GROUP:** CERT. OF INS. ON FILE?  YES  NO **INDIVIDUAL:** LIABILITY WAIVER COMPLETED?  YES  NO

PROCESSED BY CLC STAFF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_