



**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Church Office Hours:  
 Monday – Thursday, 10 a.m. to 2 p.m.  
 (440)-786-8480 Office

## Chair and Table Rental Form

**Request for Use:** All requests for use of FCOG property must be made through the Church Office. Requests should normally be received no less than ten (10) days prior to the date desired.

**Fees for Use:** Fees for use of FCOG property must be paid at the time of request for use. There is a **\$100.00** Security Deposit that will be returned to you within 5 business days after the rental items have been returned and inspected. Rental fees tables are **\$5/table**. Rental of the folding metal cushioned chairs is **\$1/chair**.

**AGREEMENT:** I will hold FCOG, the individual members, officers, agents, and employees, free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use of Fellowship Church of God property. I certify that I will be personally responsible on behalf of the applicant for any damages sustained by the Fellowship Church of God property through the use of said property by the applicant. I will return the property in the condition it was when I rented it or I will be charged up to full replacement cost of \$100.00 per table and \$40 per chair.

Signature of responsible person \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Number of Chairs \_\_\_\_\_ Number of Tables \_\_\_\_\_  
 Date Needed: \_\_\_\_\_ Time of Pick-up Desired: \_\_\_\_\_  
 Date to Return: \_\_\_\_\_ Time of Drop-off Desired: \_\_\_\_\_

Rental Paid \_\_\_\_\_

Custodians Notified (date) \_\_\_\_\_  
 (who will handle pick-up) \_\_\_\_\_

(who will handle drop-off) \_\_\_\_\_

Notes on the condition of tables/chairs at pick-up \_\_\_\_\_  
 \_\_\_\_\_

Notes on the condition of tables/chairs at drop-off \_\_\_\_\_  
 \_\_\_\_\_