KOINONIA
a spiritual community

Facility Rental Request (revised 2022)

730 25 Road
Grand Junction, CO 81505
970-242-3947
administrator@koinoniagj.org

Koinonia's facility is available for rent. Renters are to complete the *Facility Rental Request* for review and approval. **Fee guidelines are listed in the Facility Use Policy.**

Person/Organization of responsible party:

Nature of organization: ☐ Social ☐ Political ☐ Religious ☐ Charitable ☐ Educational ☐ Non-profit ☐ Other:

Address:

Phone:

Email:

Emergency contact:

Phone:

Space to be used:

☐ Upstairs Space (including narthex, sanctuary, small kitchen)

☐ Narthex and Small Kitchen

☐ Downstairs space (including fellowship hall and outside patio)

☐ Downstairs Kitchen

Date(s) and time(s) requested for the event(s) (Includes time for setup and clean up):

Is this event recurring? ☐ Yes ☐ No
☐ Monthly ☐ Weekly ☐ Other

Please describe the activities planned.

Number of Adults:

Number of Children:

Will admission be charged? ☐ No ☐Yes $_____

Items sold? ☐ No ☐Yes

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

Will alcohol be served? ☐ No ☐Yes What? _____

Koinonia administrator 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 Koinonia Facility Use Policy.

Signature: _____ **Date:** _____

Koinonia Community Member Sponsor: _____

FEES and DEPOSITS - ***Please see the Koinonia Facility Use Policy to complete this section.***

Event Coordinator requested? ☐ No ☐Yes If yes, # of hours @$25 per hour (min. 1) ____ Total: _____

Anticipated rental fee: _____ **Received in** ☐ cash ☐ check # _____ **Date:** _____

Refundable deposit for key: $100.00 **Received in** ☐ cash ☐ check # _____ **Date:** _____

Refundable deposit for custodial care: $100.00 **Received in** ☐ cash ☐ check # _____ **Date:** _____

Admin use only

Event Coordinator required? ☐ No ☐Yes If yes, # of hours @$25 per hour (min. 1) ____ Total: _____