First Church
CONGREGATIONAL
Boxford

Request for Use of Space

office@firstchurchboxford.org
978.887.5841
PO Box 326
4 Georgetown Road
Boxford, MA 01921

Please fill out this form and return to First Church Congregational Boxford either by mail or email along with a signed Terms and Agreement of Use Form. We will reply within seven days as to whether First Church facility is available for your event.

Date: _____

Name of Ministry/Organization: _____

Event Name: _____

Event Date: _____ Event Day of the Week: _____

Setup Time: _____ Start Time: _____ Stop Time: _____ Cleanup Finish Time: _____

Number Attending: Adults: _____ Teens: _____ Children: _____

(Note that large events may require police notification and/or presence at an additional cost)

Purpose and Description of Event:

_____

_____

_____

_____

Space Required

Family Life Center

__Main Room __Classroom __Kitchen __Back Classroom

Additional Notes on space needs _____

_____

_____

If First Church staff is setting up the space, please include a room layout sketch with this form, including number of tables, and number of chairs at each table. Please note, there is a sexton fee for FCCB setup.

First Church

__Sanctuary __Nursery __ Library __ Classroom Number(s) __Youth Room __Other

Additional Notes on space needs _____

_____

_____

Technology Needs: (to be set up with the First Church Tech Team separately and will be invoiced separately)

___Audio Technician ___Video Technician ___PPT/Video Presentation ___Play CD Music

___# of Handheld Microphone(s) ___# of Lapel Microphone(s) ___Overhead Projector

___Live Music/own equipment ___Live Music/FCCB equipment ___Podium ___ # of Music Stands

How will your event utilize the equipment?

_____

_____

_____

Kitchen Needs (please check where appropriate)

____ Event will be catered by an outside caterer

____ Food will be prepared by event group.

____ Kitchen equipment (stove, refrigerator, dishes, silverware, etc.) to be used

_____

_____

_____

Contact Information

Event Contact: _____

Street Address: _____

City:_____State/Zip_____

Email Address:_____

Cell Phone: _____ Home Phone: _____

If billing name and address differs from the contact information, please include below

Billing Name: _____

Street Address: _____

City:_____State/Zip_____

Email Address:_____

Cell Phone: _____ Home Phone: _____

Thank you!

NOTES:
There are various fees for space and provisions for events at the First Church property. Please note them on the attachment.

A $200 security deposit is required for all rentals. 50% of the total rental fee is required to hold a reservation and the remaining balance is due 14 days prior to the event.

First Church
CONGREGATIONAL
Boxford

Fee Schedule for Use of Space

office@firstchurchboxford.org
978.887.5841
4 Georgetown Road
Boxford, MA 01921

Fee Schedule for renters

Family Life Center		
Large Hall	$400 for total 4 or less hours	$25/hour over 4 hours
Small Room	$50 for 1 or less hours	$25/hour over 1 hour
First Church Building		
Sanctuary	$50 per hour	
Wedding	$300 flat rate (includes one hour rehearsal)	
Funeral	$200 flat rate	
Coggin Room	$50 per hour	
Vestry	$50 per hour	

Sexton

If a sexton is required for setup and take down, he will invoice separately.

Audio Video Equipment Usage

Available A/V equipment	___Must be arranged with an FCCB technician.
Technician	___Must be arranged with an FCCB technician.

All A/V charges will be invoiced separately.

For events requiring A/V support:

All events - $50

Rehearsal - $25

Recording - $25 If an event is recorded, copies can be provided on DVD for $5.00/ea, no limit.

Kitchen and Kitchen Equipment Usage fees are extra and arranged as needed.