

**FACILITY USE APPLICATION**

\$100/\$75 Deposit required with Application \*



CHARLESTON ATLANTIC PRESBYTERY  
4701 W Park Place, North Charleston, SC 29405  
(843) 766-4219 -- www.capresbytery.org

NOTICE: APPLICATIONS ARE NOT APPROVED UNTIL APPLICANT HAS RECEIVED A CONFIRMATION

User Group Name \_\_\_\_\_ Responsible Person \_\_\_\_\_  
Billing Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Event/Purpose of Use \_\_\_\_\_

*(Note Profit making activities or partisan political activities are not allowed to use the facilities)*

Attendance: # of Adults \_\_\_\_\_ # of Youth \_\_\_\_\_

List Date and Time Required: \_\_\_\_\_

Check one: One Time Use \_\_\_\_\_ Multi Date Use \_\_\_\_\_

**Facility Requested:** (\*Note: \$100 or \$75 Deposit will be refunded if building is cleaned according to the requirements of this policy and/or if key job is returned.)

- \_\_\_\_\_ Auditorium Only/Housekeeping \$1000.00 CAP \$250
- \_\_\_\_\_ Fellowship Hall/Kitchen/ Housekeeping \$ 600.00 CAP \$175
- \_\_\_\_\_ Other (Wedding Venue or Funeral). See Fee Schedule in the Facility Use Policy

Application can be submitted on line with payment through PayPal with a 5% processing fee added or Application can be mail with payment to the CAP Office, 4701 West Park Place, North Charleston, SC 29405.

**AGREEMENT:** The signatory hereby makes application to CAP for the use of the facilities listed above and certifies that the information given is correct. The signatory further states that he/she has the authority to make application and agrees to all the rules and regulations as stated in the Facility Use Policy of CAP. The applicant agrees to exercise the utmost care in the use of the CAP premises and property.

**HOLD HARMLESS AGREEMENT:** The facility user shall agree to defend, protect, and indemnify for costs, legal and any and all other expenses or damages and to hold harmless Charleston Atlantic Presbytery, it officers, employees, agents, and directors from any and all claims, liabilities or suites arising directly or indirectly out of the use of the CAP’s facilities.

**SIGNATURE OF APPLICANT:**

I CERTIFY that I have read the Facility Use Policy of Charleston Atlantic Presbytery, I agree to the terms of the policy, and I have the authority to sign this application for my organization.

Signature \_\_\_\_\_ Approved by Stated Clerk or Executive Presbyter/Pastor to Pastors  
Date \_\_\_\_\_ Date \_\_\_\_\_

