



Reservation Form for MINISTRY ACTIVITY CENTER (MAC)

The person completing the reservation form is considered the Responsible Party. Today's Date _____

PLEASE PRINT

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile phone _____ Email _____

UCC member: ___ Yes ___ No Ministry use: ___ Yes ___ No Ministry _____

Credit card information is required as a security deposit. I understand that my account will be charged for the amount of any damage incurred or if facility is not returned to its pre-setup condition and cleaned.

Signature: _____

_____ MasterCard _____ VISA _____ Discover

Card # _____ Expiration date _____

Name as it appears on the card _____

Billing address if different from above _____

Event Information

Name of Group _____ Date of use _____

Time of Use: Begin _____ a.m./p.m. End _____ a.m./p.m. Time of event _____

Description of event _____

_____ Number of attendees _____

Facility & Equipment Requested (See Fee Schedule in MAC Guidelines)

_____ GYM CLASSROOMS: _____ 501 _____ 502 _____ 503 _____ 504

_____ number of CHAIRS _____ number of round TABLES

_____ VCR / DVD _____ other AV equipment: _____

Approved AV technician assistance is required. Such service begins at \$25/hr., not to exceed \$150/day. Due to the broad nature of AV requests, fees will be determined by individual need.

_____ Kitchen Usage fee: <4 hrs. \$100, >4 hrs. \$150.

Training is required to use the commercial equipment. Any unauthorized use may result in damage to the equipment.

_____ Beverage service only (access to ice machine, coffee and tea makers)

_____ Food service only (catered meals, includes beverage service)

_____ Meal preparation (full use of kitchen equipment)

SPECIAL INSTRUCTIONS: Room set up (diagram needed **ONLY** if setup is provided by UCC)
There will be an additional charge if setup is provided by UCC

MAC

LIABILITY RELEASE: The use of the Ministry Activity Center or equipment will be at the risk of the users. UCC does not assume liability or responsibility for any user, and does not make any express or implied warranty for any equipment, machinery, fixtures or furniture. The party or parties reserving any part of the facility for a non-UCC use must hold harmless UCC from any and all liability for any accident or injury which may occur to anyone while the person, organization or group is using the facilities, regardless of the cause, and regardless of the extent of injury or damages.

AGREEMENT: I have received a copy of the UCC Ministry Activity Center Facility Guide and will inform my organization, group or family of all policies that apply. My organization, group or family accepts the **LIABILITY RELEASE** as stated above. It is also my understanding that, to receive a full refund of the deposit, I will return the facility, its equipment and furnishings used by my organization, group or family to the same or better condition than before.

Signature: _____ Date _____

OFFICE USE ONLY

____ Approved
____ Guidelines discussed

____ Notification of Approval
____ Facility walk thru

Date	FEES Amount	Payment
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

NOTES:

Check List:

- ____ Good order
- ____ Facility clean
- ____ Kitchen clean
- ____ Additional set up required
- ____ Additional cleaning required

Damage assessment: _____

DATE _____ BY _____