



Application for Use of Tabernacle/Kull Youth Facilities

Legal Name of Group: _____ ("Applicant")

Description of Event: _____

Attendees: Approx Number: _____

Facilities Requested (Please Check): Kull Youth Center KYC Apartment Tabernacle Facilities
Please Note KYC Apartment Rental must be included in initial rental agreement

Single Event Date(s) Starting: _____ to _____

Recurring
- Weekly Date(s) Starting: _____ to _____ (Last Date of Use)
(Circle days needed) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Event Time(s): Start Time: _____ AM or PM End Time: _____ AM or PM

Setup: Date: _____ Cleanup: Date: _____
Time: _____ AM or PM Time: _____ AM or PM

Upon approval of this Application, Applicant agrees to pay a Reservation Deposit within 7 calendar days in order to secure reservation. Prior to use of Tabernacle facilities, the Applicant will provide a certificate of liability insurance in the amount of at least \$500,000, naming Ocean City Tabernacle as additional insured. Certificate must be presented within 30 days upon approval of this Application.

Applicant's Reservation Contact:

Name: _____ Email: _____
Applicant Role: _____ Applicant Phone #: _____
Organization: _____ Applicant/Group Contact Cell: _____
Organization Address: _____

Tabernacle's Reservation Contact:

Name: _____ Email: _____ Phone #: _____

FOR OFFICE USE ONLY

Approved: YES No Date of Approval: _____ By: _____
Security Deposit (by 7 Days) \$ _____ Payment Due Date: _____ Received Date: _____
Fee Balance (by 30 Days) \$ _____ Payment Due Date: _____ Received Date: _____
* Recurring Fee per _____: \$ _____ (Due 1st of Month prior to uses in that month)
Total Fees (All included): \$ _____ Paid in Full:

INSURANCE CERT DUE _____ Received Date: _____
Copy to be given to applicant after approval. Original application to be retained in the Tabernacle files.