



# Application for Use of Tabernacle/Kull Youth Facilities

Legal Name of Group: \_\_\_\_\_ ("Applicant")

Description of Event: \_\_\_\_\_

Attendees: Approximate Number: \_\_\_\_\_

Facilities Requested (Please Check):  Kull Youth Center  Tabernacle Facilities

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 Security Deposit within ten (10) 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 at the same time as the Rental Fee below.

### Applicant's Reservation Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Role: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Organization: \_\_\_\_\_ Applicant/Group Contact Cell: \_\_\_\_\_

Organization Address: \_\_\_\_\_

### Tabernacle's Reservation Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Approved:  YES  NO Date: \_\_\_\_\_ By: \_\_\_\_\_

Security Deposit (10 Calendar Days) \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Rental Fee (30 Days before Event) \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Recurring Fee (if applicable) per \_\_\_\_\_ \$ \_\_\_\_\_ (Due 1<sup>st</sup> of month prior to month of use)

**Total Fees Due** \$ \_\_\_\_\_

INSURANCE CERTIFICATE DUE \_\_\_\_\_

Copy pf Application to be given to Applicant after approval. Original Application retained by Tabernacle.