

QUUF FACILITIES USE AGREEMENT

Group /Organization _____

Contact/ Responsible Person _____

ADDRESS _____

PHONE (Home) _____ (Work) _____ Email _____

If sponsored by a QUUF member, name of sponsor _____

I, the QUUF sponsor, have read this group's rental affirmation, and I believe all the statements made there are correct.

Signature of QUUF sponsor if applicable _____

DATE(S) OF USE _____

SANCTUARY ___ R.E. ROOM(S) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

NEEDED FROM ___ A.M. ___ P.M. TO ___ A.M. ___ P.M.

SOUND SYSTEM _____ PIANO _____

* \$25 for a sound person, or \$10 for a portable system and \$50 deposit).

ADDITIONAL COMMENTS / NEEDS: _____

* ALL FEES ARE LISTED ON THE "[Donation Guidance](#)" page OR THE "[Building Use Fee Schedule](#)."

I, speaking for my group, have read, understand, and agree to abide by, all the rules and guidelines governing the use of the Quimper Unitarian Universalist Fellowship facilities. In signing this agreement, I acknowledge that I have the legal authority to sign this document for my group / organization.

Signature of renter _____ Date _____

THE QUUF OFFICE ADMINISTRATOR WILL FILL IN THE FOLLOWING:

I, the QUUF Office Administrator, confirm that the Rental Affirmation has been approved, and that I have scheduled the event for the above "dates of use."

Signature of QUUF Office Admin. _____ Date _____

I confirm that the following donation was received from the Renter:

Amount: _____ Date received _____

Signature of Office Administrator _____