

**PRESCHOOL / NURSERY SUITE
Use Agreement Form**

Date: ____/____/____

Person making the request: _____

Telephone: _____ Email: _____

Mailing Address:

Date of event: ____/____/____ Estimated Attendance: _____

Time of the event: _____ Hours needed: _____

Description of the event, including persons involved:

Facilities equipment needed:
____ Playground
____ Specific area needed _____

Other special arrangements: _____

**PRESCHOOL / NURSERY SUITE
Use Agreement Form**

Responsible Party (group representative): _____

Telephone: _____ Email: _____

Address: _____

UBC Building Representative: _____

Telephone: _____ Email: _____

I agree to the terms of these arrangements. I also have read and agree to abide by the procedures and guidelines specified for the use of this space.

Signature of Group Representative: _____

Date: ____/____/____

Fee: \$ _____

Payment due (one week prior to event): ____/____/____

Total amount made payable to University Baptist Church: \$ _____

OFFICE USE

Paid on: ____/____/____ Received by: _____

Damage deposit: \$ _____

Date paid: ____/____/____

Date returned: ____/____/____