



UNITY CHRIST CENTER IN EAU CLAIRE
1808 Folsom Street, Eau Claire, WI 54703
715-836-0010, unityeauclaire@gmail.com
www.unityeauclaire.org

BUILDING USE REQUEST FORM Celebration of Life/Memorial Service

1. Name of person requesting use: _____ For: _____
Address: _____
Phone: _____ Email: _____

2. Date to be held: _____

3. Hours of use requested [includes arrival-departure]: _____

4. How do you want the Sanctuary set up? _____
Will you do the set up? _____

5. Number of people expected: _____
Sanctuary capacity is 150 and parking limited to 60 vehicles.

6. Are flowers to be delivered? ____ If yes, when? _____ (Must be coordinated with the office.)

7. Rental fees:

Members: A love offering will be accepted for Unity members and their family for use of the facilities for memorial services. The Board will address any questions regarding the definition of 'family'.

Non-members: Fee is \$300.00 paid to Unity. Fee includes Unity staff person, who must be present to act as host, answer questions and supervise use of the facilities.

8. Additional:

We will make referrals for minister and music upon request [**fees paid directly to Officiant/Musician**].

9. **Luncheon:** The members of the Center do not serve food.

If a luncheon or food at Unity is desired, food, serving and cleanup are the responsibility of the funeral director/family. ***Please see guidelines on the next page.***

The tables and chairs will need to be set up by the funeral director after the memorial service. Maximum number of people to be served should not exceed 85.

PLEASE NOTE: All facilities must be cleaned by group unless other arrangements have been made.

Thank you for using our facility. Enjoy our beautiful setting!

See 2nd page.

Unity Christ Center in Eau Claire
Rental Agreement
Policies and Conditions

1. *Deposit is required at time of request, and remaining rental fee is due SEVEN days prior to date of event.*
2. Entry into the building is arranged ahead of time with the Administrative Coordinator/Office.
3. Fees include use of kitchen [NO cooking]. Any food/beverages served must be brought in by you [or may be delivered]. Unity staff will not pay for deliveries. Food may be warmed up but not prepared from scratch in the kitchen. You are expected to clean up the kitchen afterwards and remove leftover food.
4. **NO alcohol allowed on premises.**
5. **No smoking or pets allowed in the building.** Exception for service dogs. Dogs must be on a leash.
6. Use of sound/visual equipment is to be discussed ahead of time with Administrative Coordinator during regular business hours.
7. Any/all materials required for your event are to be provided by you; office staff does not provide.
8. If decorating, please do not use any nails, tacks or staples. Remove decorations after the event.
9. **NOTE:** Events are scheduled to not conflict with our Sunday worship services. If your event requires re-arrangement of the sanctuary on or between Thursday evening and Saturday evening, you agree to return the seating to its prior state for the Sunday morning service [illustration of Sunday seating is displayed].
10. No Unity Christ Center property is to leave the building.
11. You will be held responsible for any damage to the facility or grounds. Cost of repair will be billed to you.
12. You are responsible for leaving the facility as you found it. This includes cleaning up, vacuuming, storing tables, resetting room, cleaning up kitchen, disposing of waste appropriately, doors & windows locked, lights & ceiling fans off. Please note instructions in kitchen for composting and recycling. ***If facility is not left in the clean condition in which you found it, an additional \$50.00 fee will be assessed.***
13. **Refer to closing procedures on the bulletin board in the kitchen.**

DISCLOSURE: Unity Christ Center in Eau Claire does not assume liability for any items left at the Center. Healing Facilitators using energetic techniques, healing touch, or prayer and meditation to support natural healing process must have Unity Eau Claire's Release of Liability signed by their clients.

_____/_____
Event facilitator Signature/Date

_____/_____
Unity-EC Coordinator/Date

Opening/Closing responsible person: _____

Deposit Received: _____ Amount: _____ Date Received: _____ By Whom: _____
Final Fee Received: _____ Amount: _____ Date Received: _____ By Whom: _____