

Date of Event:	
Cost:	
Rooms:	
NOOIIIS.	

FACILITY USE AGREEMENT BY UUCR MEMBER

A diverse, caring community, nurturing each other toward spiritual growth, and living our faith through service to the larger community.



Event	 	
Date of Event	 	
 _		
Contact		

Unitarian Universalist Church of Roanoke Facility Use Agreement by UUCR Member

Usage Start Time	Usage End Time	Actual Begin & End Time of Even	Date of Event
Description of Meeting/Ev	vent .		
Description of Meeting D.	· Cit		
Repeating Event			
	(Day)	of the month.	
	(Day)	of the month.	
Primary Contact Name		Phone Number	☐ Member
Email address			Alternate Phone Number
Alternate Contact Name		Phone Number	☐ Member
Email address			Alternate Phone Number
Room(s) Assigned			Number of Attendees
		oen to the public/church: ☐ Yes ☐ on? ☐ Yes ☐ No ☐ Newsletter/U	

Revised 06/03/25 2 | Page

Unitarian Universalist Church of Roanoke Facility Use Agreement by UUCR Member

Facility and Set Up	☐ Other Spaces (group will set up and break down)
☐ Sanctuary (capacity 200)	□ Stage
□ Fellowship Hall (capacity 80)	□ Nursery (self-supervised)
☐ Kitchen (required for any event with food)	☐ Memorial Garden
□ Olin Room - Conference Room (capacity 20)	☐ Brandon Avenue Parking lot (no grilling)
□ Wells Room - Conference Room (capacity 15)	☐ Children's Playground
□ Broker Room - Children's Classroom (capacity 20)	☐ Parking lot and/or easement (Addendum)
	□ Parking Lot for Food Trucks (Addendum)
Additional Needs	
□ Coffee Service	
☐ A/V Portable PA System – location:	
☐ A/V Team Member for sanctuary	
☐ Music services (group will need to meet with the Di	Pirector of Music)
☐ Music services use of piano: ☐ Sanctuary ☐ Fell	llowship Hall
☐ Ministerial services (group will need to meet with n	minister)
☐ Other (deliveries, additional access, accommodation	ons, etc.):
Primary Contact Signature	Date
UUCR Administrator Signature	Date

Revised 06/03/25 3 | Page

Unitarian Universalist Church of Roanoke Facility Use Agreement by UUCR Member

		OFFICE	USE ONLY	
Key #:	Key Issued By:			Date:
Person/Group	Date Notified		No	tes/Names
A/V Team				
Director of Music				
Housekeeping				
Minister				
Caring Committee				
Key Returned By:				
If not returned, Key F	Replacement Char	ge: <u>\$25.00</u> Re	equest Date:	Paid Date:
and Procedures and ag	gree to accept the hold harmless UU	responsibility for all ICR in event of any	information conta	and understood the Facility Use Policies nined therein. Above all, the renter/user of c. to an individual or property. (Pay individual
Room			_ \$	
Other			\$	<u> </u>
Other			\$	<u> </u>
Other			\$	
Linen Charge			\$	<u> </u>
Set-Up Fee			\$	<u> </u>
Breakdown Fee			\$	<u> </u>
Amount Paid			\$	<u> </u>
Total Due			<u>\$</u>	<u> </u>

Revised 06/03/25 4 | Page