

CVUUS Building Use Application

Date of application: _____

Applicant Name: _____

Organization Name: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Space(s) Requested: _____

Add-ons requested: _____

Date(s) of Use: _____

Time of Use: Arrival _____ Departure _____
(please include time needed for set-up and clean-up)

Purpose: _____

Number of Persons Expected: _____

Person Responsible (if other than applicant): _____

Contact information, if different from above:

Is a CVUUS sponsor able to provide gatekeeper services? Yes _____ No _____

If so, name of CVUUS member sponsor: _____

I agree to pay the rental fee for the requested space and to be responsible for additional costs for cleanup, repairs, or property damage that are a result of this use of the building. I agree to follow the *Rules and Regulations for the Use of CVUUS Buildings* (see enclosed document), and if I have any requests for fee waivers or waivers to any of the rules, I have put them in writing on a separate piece of paper and included them with this application.

Signature: _____ Date: _____

Champlain Valley Unitarian Universalist Society
2 Duane Court, Middlebury, VT 05753 ♦ 802-388-8080

Please note that no space use arrangement is considered final until:

- The CVUUS office has received a signed copy of the Rules and Regulations for the Use of CVUUS Buildings.
- An insurance certificate (for a group) or signed Hold Harmless Agreement (for an individual) has been received.
- The required reservation and damage deposit have been received (see *Fee Summary Sheet*.)

If you represent a community or non-profit organization and need to request a fee reduction, please submit the reason(s) in writing along with this application.

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For Office Use Only

Date Application Received: _____

Application: Denied / Approved By: _____

Reason for denial: _____

Authorized approved by: _____

Date: _____

Gatekeeper Assigned: _____

GK phone: _____ GK e-mail: _____

Event confirmed with GK: _____

DATE RECEIVED:

Reservation Deposit: _____ Amount: _____ Check #: _____

Damage Deposit: _____ Amount: _____ Check #: _____

Balance: _____ Amount: _____ Check #: _____

Insurance Certificate / Hold Harmless agreement: _____

Signed Rules & Regs document: _____

Balance Received: _____ Check Number: _____

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Gate Keeper report received: _____

Security Deposit Returned: Date: _____ Check #: _____

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Gatekeeper Report

Event date: _____

Event description: _____

Please check whichever is applicable:

- The building was returned to the condition in which it was received.
- The building was not returned to the condition in which it was received. Please give details below.

Please let us know if you noticed anything about the building while acting as gatekeeper (maintenance issues, needed supplies, etc.) that we should know about:

GK Signature: _____ Date: _____