## EBENEZER AME CHURCH 44 NASSAU STREET—CHARESTON, SC 29403 OFFICE (843) 723-4660 FAX (843) 723-1572 REV. DR. WILLIAM SWINTON JR. PASTOR

## CONTACT: LAVERNE BROWN CELL # (843) 693 3117 OR LILLIAN SMALLS CELL # (843) 573 4674

APPLICATION FOR USE OF CHURCH FACILITIES (NON-MEMBERS)

DATE OF APPLICATIONNAME	IS THIS A COMMUNITY EVENTYESNO		
ADDRESS			
CITY	STATE ZIP CODE		
CONTACT # ( )	HOME/CELL/WORK (CIRCLE WHICH ONE)		
ALTERNATE # ( )	HOME/CELL/WORK (CIRCLE WHICH ONE)		
DATE OF ACTIVITYTYPE OF ACTIVITY	TIME OF ACTIVITY		
(IF REHEARSAL DATE IS NEEDED PLEASE INDICATE: DATE			
		(RECEPTION OR REHEARSAL DINNER)	L FEE \$50.00) TOTAL: \$650.00 \$450.00 (CUSTODIAL FEE\$50.00) TOTAL \$500.00 TCHEN: \$1000.00 (CUSTODIAL FEE\$75.00) TOTAL- \$1075.00
		******NOTE: 10 COURTESY TABLES WILL BE PROVIDED. ANY ADDITIONAL TABLES WILL BE SET UP FOR AN EXTRA FEE OF \$50.00********  MANDATORY FEES: PASTOR'S FEE (CONSULT THE PASTOR) MUSIC/MEDIA FEE: \$100.00 (OCME=Operating of church equipment)  (VERY IMPORTANT: ALL FINANCIAL OBLIGATIONS MUST BE SATISFIED TWO (2) WEEKS BEFORE THE EVENT)	
TOTAL AMOUNT OF APPLICATION: \$	(INCLUDING CUSTODIAL FEES)		
AMOUNT OF DEPOSIT PAID: \$	DATE PAID		
METHOD OF PAYMENT ( ) CHECK #	( ) CASH AMOUNT DUE:		
SIGNATURE OF PERSON RECEIVING DEPOSIT			
BALANCE PAID	DATE BALANCE PAID		
BALANCE RECEIVED BY:	( ) CHECK #( ) CASH		

\*\*\*\*PLEASE SUBMIT ALL PAYMENTS TO THE CHURCH OFFICE ONLY\*\*\*\*\*