

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

APPLICATION FOR USE OF CHURCH FACILITIES **(MEMBERS)**

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

DATE OF APPLICATION _____ IS THIS A COMMUNITY EVENT ____YES ____NO

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT # () _____ - _____ HOME/CELL/WORK # (CIRCLE WHICH ONE)

ALTERNATE # () _____ - _____ HOME/CELL/WORK # (CIRCLE WHICH ONE)

DATE OF ACTIVITY _____ TIME OF ACTIVITY _____

TYPE OF ACTIVITY _____

(IF REHEARSAL DATE IS NEEDED PLEASE INDICATE: DATE: _____ TIME: _____)

****YOU MUST CONTACT THE OFFICE TO SCHEDULE YOUR WEDDING COUNSELING SESSIONS****

NAME OF FIANCE/FIANCEE: _____

1ST COUNSELING DATE: _____ 2ND COUNSELING DATE: _____

PLEASE MARK THE AREA(S) YOU ARE REQUESTING TO USE:

_____ SANCTUARY ONLY: \$150.00 (CUSTODIAL FEE---\$50.00) TOTAL: \$200.00

_____ EDUCATIONAL BLDG & KITCHEN ONLY: \$200.00 (CUSTODIAL FEE -- \$ 50.00) TOTAL: \$ 250.00

(NOTE: TOTAL INCLUDES THE RECEPTION OR THE REHEARSAL DINNER, NOT BOTH. ADDITIONAL FEE FOR BOTH)

_____ SANCTUARY, EDUCATIONAL BLDG, & KITCHEN: \$300.00 (CUSTODIAL FEE-- \$75.00) TOTAL: \$375.00

Mandatory Music/Media Fee: \$100.00 (OCME-operating of church music equipment)

******NOTE: ALL FINANCIAL OBLIGATIONS MUST BE SATISFIED TWO (2) WEEKS BEFORE THE EVENT******

TOTAL AMOUNT OF APPLICATION \$ _____ (INCLUDING CUSTODIAL FEE) AMOUNT 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******