

# CHALICE UNITARIAN UNIVERSALIST CONGREGATION

2324 Miller Avenue, Escondido CA 92029  
760-737-0393 ChaliceUUCongregation.org

## Room Use Request (Subject to annual renewal)

PLEASE PRINT

DATE

SUBMITTED: \_\_\_\_\_

EVENT NAME/TITLE

\_\_\_\_\_

GROUP/ORGANIZATION

\_\_\_\_\_

RESPONSIBLE PERSON

\_\_\_\_\_

TELEPHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Zip Code

\_\_\_\_\_

EMAIL

ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

CHECK ROOM(S) NEEDED Common Room  Kitchen  Chapel  Patio  Cottage

EQUIPMENT NEEDED: Sound Equipment  Piano  Dishes

DATES REQUESTED \_\_\_\_\_

NUMBER OF ATTENDEES \_\_\_\_\_

NOTE: Beginning and ending times for the event must include time for set-up and clean-up. Another group may be scheduled in this space before or after yours.

EVENT BEGINS: \_\_\_\_\_ a.m./p.m.

EVENT ENDS: \_\_\_\_\_ a.m./p.m.

**Alcoholic Beverage Policy:** Alcoholic Beverages may not be sold but may be served in exchange for a free will donation. The group or individual user is solely responsible for compliance with laws pertaining to alcoholic beverages and the sobriety of their guests. If alcohol will be served at the event, a plan for keeping minors from using alcohol must be submitted in writing and approved by the Office Administrator. Non-alcoholic beverages must be offered.

**Proof of Insurance:** Groups are responsible for obtaining separate insurance for activities not covered by Chalice's liability insurance.

**Condition of Facility:** All Chalice facilities must be returned to their original set-up at the conclusion of the event.

**Signature** \_\_\_\_\_  
**(Responsible Person)**

**(See over)**

**Send this form to:**

Office Administrator  
Chalice UU Congregation  
2324 Miller Ave.  
Escondido, CA 92029

**Or**

Email to: [office@chaliceuucongregation.org](mailto:office@chaliceuucongregation.org)

**(Office Use Only)**

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Charge for Event \$ \_\_\_\_\_

Date Approved: \_\_\_\_\_ Posted On Calendar \_\_\_\_\_

Approved \_\_\_\_\_

**Designated Key Person** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_