

USE OF FACILITIES QUESTIONNAIRE

Prior to using or renting The First Cathedral facilities, this questionnaire must be completed in full and submitted to **Special Event Coordinator** for review and approval.

I. GENERAL INFORMATION

A. Name of Requesting Organization: _____

Address: _____

_____, _____ Phone: () _____
City State Zip

Contact Person: _____ Position in Organization: _____

Address (if different from above): _____

Phone (if different from above) : _(_____)_____ E-mail _____

B. Mission of Organization: _____

Primary Activity in which the Organization is engaged: _____

C. Is this Organization organized or operated for profit? Yes _____ No _____

D. Is this Organization a Non-Profit Organization engaged in exempt activities?

Yes ___ No___

If, yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization Brochures, Letter of Recommendation or other source of information disclosing your religious purposes on orientation.

E. Have you made contact with any local non-exempt facilities (i.e. convention center, etc.)?

Yes___ No___

Reason (s) non-exempt facilities are not appropriate for your proposed activity:

II. **EVENT INFORMATION**

A. What is the purpose and/or nature of the activity your organization intends to conduct at The First Cathedral? Please describe the activity in detail and/or furnish a copy of the program outline.

B. Date (s) Requested _____ Time (s) Requested _____

C. How will event participants' entry be controlled? Check appropriate category(s).

- _____ 1. Pre-sold tickets
- _____ 2. Admission fee at door
- _____ 3. Open (free) admission to all.

D. Will there be a financial charge to attendees? Yes _____ No _____

How much will it be? _____

E. Will anything be sold or distributed in association with the event? Yes _____ No _____

If yes, describe

F. How many people are expected to attend this event? _____

G. What portion of The First Cathedral's facilities will be utilized in conjunction with this event? (Please specify on a room by room basis)

H. Special Set-up Requirements - Please describe below in detail any proposed furnishing set-up needs by time of need and number and items.

- I. Technical Services - Please describe below in detail, sound, lighting, staging, musical, audio visual and any other services which will require assistance by out Technical Services staff.

- J. Food services - Please describe below in detail any proposed food services associated with this event. The First Cathedral Food Services provide this service on a fee basis.

- K. Referral - We would like to thank the person who referred you to us, so please answer the questions below. The person who referred you is a:

Member of The First Cathedral, please provide member's name, address and phone number below

Vendor of The First Cathedral, please provide vendor's name, address and phone number below

Other, please provide name, address and phone number

Click here to submit you request to receive a quote and confirm availability of venue for your event.