BUILDING RESERVATION FORM

EASTMINSTER PRESBYTERIAN CHURCH
6550 Samuell Blvd., Dallas, TX 75228-7125
P.O. Box 571188, Dallas, TX 75357-1188
Phone: (214) 381-4693 www.eastminsterdallas.org, email: **officeadmin@eastminsterdallas.org**

Date(s) _____ Hours _____ Activity: _____

Name of Responsible Person _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Telephone Numbers (Day) _____ (Cell) _____

DEPOSIT – *One half of the Room Charges, due at the time*
*(Note: The deposit, **which is not included in fees**, is refundable within the provisions of the Covenant of Agreement.)*

FEES: $ _____

ROOM CHARGES *(Based upon a **four-hour** block of time, including set-up—please see Covenant.)*

- ☐ Sanctuary. *If approval is given for Sanctuary use, the rate is based upon the current Wedding rate $500. Funeral ($250). (The Sanctuary is ordinarily not available for non-worship usage.)*
- ☐ Video/Sound System $300.00 (Weddings) $150 (Funerals) *(**Must** be paid any time the Sanctuary is used)*
- ☐ Parlor $100.00 ☐ Chapel $200.00 ☐ Meeting Room $100.00
- ☐ Fellowship Hall/Kitchen $400.00

Tables and Chairs available: 10 Round, 7 Long, 4 Card, 4 Short, 65 padded black chairs, 35 folding chairs - Table linens are not included. How many tables _____. How many chairs _____. Please circle type of table.

Note: Any overtime charges will be calculated by taking ¼ of room charge (4 hour block of time), plus any part of an hour that a room is used in excess of 4 (Four) hours.

TOTAL ROOM CHARGES $ _____

HOSTESS ($100.00 for up to four hours; $25.00 per additional hour) $ _____
(Hostess/Attendant is required when renting the Fellowship Hall)

PLUS DEPOSIT $ _____

TOTAL AMOUNT DUE **$**_____

DEPOSIT PAID will be refunded IF ALL IS WELL after the event $ _____

*The activity will be cancelled if the fees are not paid by 5:00 p.m. **10 (Ten)** business days prior to activity*

Payment Date Due: _____

If credit card payment is made electronically, a 5% fee will be added to the total amount.

Make checks payable to Eastminster Presbyterian Church.

Signature below indicates that I have read, understand, and promise to abide by the terms of the Building Covenant of Agreement:

Signature _____ Date _____

Address to which refund should be mailed *(if different from above)*:

_____ City _____ State _____ Zip _____

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Space below this line is for Church Office use

- ☐ Entered upon church office calendar — Date of receipt of deposit _____
- ☐ Session/Committee/Staff Clearance — Date of Clearance _____
- ☐ Hostess Notified — Attendant paid: Date _____ Check #_____
- ☐ Hostess indication that refund is due
- ☐ Treasurer Notified Issue Refund _____ — Refund issued: Date _____ Check # _____

Rev September 2026

NO ALCOHOL ALLOWED – NON SMOKING FACILITY