



SHELTER HOUSE USAGE AGREEMENT

Today's Date: _____

Name of Person(s) Responsible: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Date(s) of Activity: _____

Activity Start Time: _____ End Time: _____

Type of Activity:

___ JCC Church-Wide Activity ___ JCC Ministry Group

___ Non-church activity

Description of Activity: _____

Set-up & Decoration Date & Time(s): _____

(over)

Are you a member of JCC? ___ Yes ___ No

Shelter House Usage Deposit is \$200.00. Deposit will be refunded 1-week after the event. The deposit is waived for members of JCC.

***** Donations to Jamestown Christian Church are greatly appreciated!

Have you read the "Shelter House Guidelines & Procedures"?

Yes ___ No ___

Are you willing to abide by these guidelines? Yes ___ No ___

Signature: _____ Date: _____

JAMESTOWN CHRISTIAN CHURCH

900 N. LEBANON ST./P.O. BOX 147, JAMESTOWN, IN 46147

OFFICE: (765) 676-5182

EMAIL: INFO@JAMESTOWNCHRISTIANCHURCH.NET

WWW.JAMESTOWNCHRISTIANCHURCH.NET



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