

**REQUEST AND LEASE OF ROOM(S)  
AT THE INTERFAITH CENTER FOR SPIRITUAL GROWTH**

Date(s) Being Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Title or Description of Event \_\_\_\_\_

Renter (Person or Group Name): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Room(s) Requested (check all that apply):

Sanctuary       Social Hall       Kitchen  
 Classroom #1 (largest)       Classroom #2 (middle)       Classroom #3 (end of hallway)

Estimated Number of Persons Attending: \_\_\_\_\_

Will Admission Be Charged? Y / N (circle) If Yes, What Amount? \_\_\_\_\_

Additional Contact Persons for this event:?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the rules regarding approved uses printed on the second page of this form, and I hereby agree to be bound thereby and to pay the fees as determined and billed by the Interfaith Center for Spiritual Growth (ICSG). I further agree that \_\_\_\_\_ (name of your group or renter) will keep the premises, including the equipment and fixtures of every kind and nature, during the term of this agreement, in good repair and at the expiration hereof yield and deliver up the same in like condition as when taken, reasonable wear thereof and damage by the elements excepted. Also, the organization or renter agrees to indemnify and hold ICSG and each of its employees, representatives, and agents harmless from any liability for damages to any person or property in, on, or about the leased premises from any cause whatsoever.

\_\_\_\_\_  
Signature of Renter or Person Representing Group      Title (if applicable)

\_\_\_\_\_  
Address      Phone number      Date

**Please send form and deposit (if required) to:** ICSG, Rev. Dave Bell, 2 Eastbury Ct., Ann Arbor, MI 48105.

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**FOR ICSG OFFICE USE ONLY**

Estimated Rental Fee: \_\_\_\_\_ Estimated Custodial/Supervisory Fee: \_\_\_\_\_

Certificate of Insurance Attached? Y / N      Or Insurance Waived? Y / N

Any special arrangements and/or fees described on separate sheet?      Y / N

Received by: \_\_\_\_\_  
ICSG representative      Date

Approved by: \_\_\_\_\_  
Authorized ICSG representative      Date