



*Germantown Christian Assembly*

**Application For Use of Facilities - Bereavement**

610 E. Mt. Pleasant Avenue • Philadelphia, Pennsylvania 19119  
Phone (215) 242-5550; Fax: (215) 247-5389  
Email [gcafamily@verizon.net](mailto:gcafamily@verizon.net) • Website: [www.gcafamilychurch.org](http://www.gcafamilychurch.org)

*Impacting people who impact others for Christ's glory. .... Matthew 5:16*

**Please print all information except where signatures are required. Thank you.**

Date of service (s): \_\_\_\_\_ Please check: M  Tu.  W  Th.  F  Sa.  Su.

Requesting Person/Organization: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_ (if different from requestor)

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

Day Time Phone #: \_\_\_\_\_

\_\_\_\_\_

Business Phone #: \_\_\_\_\_

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Check all that apply: Viewing  Funeral  Repast  Memorial Service

Other (Describe): \_\_\_\_\_

Expected Number of Guests: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Actual Time Function Begins: \_\_\_\_\_

The undersigned applicants agrees to be fully responsible for the care and safe keeping of the Germantown Christian Assembly facilities being used on the day(s) requested. I/We further agree to release, indemnify & hold harmless Germantown Christian Assembly, its leadership and members as to any and all claims of injury arising from my/our use of its facilities. I also agree to have appropriate insurance to cover the proposed event.

SIGNATURE(s):

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Reservation of the facility is subjected to the approval of the application and receipt of down payment.

APPROVAL:

\_\_\_\_\_  
Pastoral Staff

\_\_\_\_\_  
Kitchen Ministry



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**Reservation Contract**

Name \_\_\_\_\_ Tele. # \_\_\_\_\_ Cell#: \_\_\_\_\_

Check one: Member  Non-Member  Sister Assembly

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

A security deposit of **\$100.00** is required along with submission of application.

Note: GCA cannot be responsible for any damages of eventualities which may occur during a scheduled event. The applicant/s accepts responsibility to reimburse GCA for any or all damages done to Church property while occupied by said applicants.

Please check all that apply:	Cost Please refer to Contributions for Use of GCA Facilities form	Payment Schedule				
			Amt. Due	Date Due (DD/MM/YEAR)	Date Rec'd. Initials/Date	Bus. Off. Initials/Date
Security Deposit <input type="checkbox"/>	<b>\$100.00</b>	Due upon application				
Sanctuary <input type="checkbox"/>		Payment #1 (1/3)				
Fellowship Hall <input type="checkbox"/>		Payment #2 (1/3)				
Kitchen <input type="checkbox"/>		Payment #3 (1/3)				
Mission House/Grounds <input type="checkbox"/>						
Suggested fee for clean-up, audio technician & attendant	<b>\$150.00</b>	Due on or before payment #3				
<b>Total Cost</b>						
Security Deposit Refunded <input type="checkbox"/>		Date of Refund: _____		Application Closed: <input type="checkbox"/>		

I/we, the aforementioned, understand and agree that payment of the above stated total shall be made as follows: one-third of total with this reservation form, one third of total paid no later than two months prior to the scheduled date of the event and the final payment shall be made no later than 3 (three) days prior to said event. I/we also understand that use of the facilities of Germantown Christian Assembly includes use of the Sanctuary (including rehearsal, if necessary), Fellowship Hall (tables and chairs provided) and/or Kitchen by your indication), and audio technician (**You must use the technician provided by GCA or provide your own equipment**), air/heat, electricity, clean-up services, attendant, sexton, bathroom facilities, and parking.

**Cancellation Policy:** \$100 non refundable for cancellations three (3) days prior to the event. I/we further understand and agree that the paid deposit of \$100.00 (one hundred dollars) will be refunded one week after the event contingent upon satisfactory inspection of the facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Contributions for Use of GCA Facilities Form**

*Fees are based on usage of four (4) hours. Each additional hour or part thereof is \$125.00.*

<b>Sanctuary</b>		
	<b><i>Weddings/Concerts, etc.</i></b>	<b><i>Funerals</i></b>
Non-Members	\$650	\$650
Members *	\$185	\$0
Sister Assemblies	\$300	\$300
<b>Fellowship Hall</b>		
	<b><i>Receptions</i></b>	<b><i>Repast</i></b>
Non-Members	\$675	\$675
Members *	\$300	\$0
Sister Assemblies	\$500	\$500
<b>Total Sanctuary &amp; Fellowship Hall</b>		
Non-Members	\$1,325	\$1,325
Members *	\$485	\$0
Sister Assemblies	\$800	\$800
<b>Kitchen</b>		
Non-Members	\$500	\$500
Members *	\$135	\$135
Sister Assemblies	\$300	\$300
<b>Missions House &amp; Grounds</b>		
Non-Members	\$800	\$800
Members *	\$350	\$350
<b>*Family members included under the umbrella of the member are: Spouse, Children, and Parents</b>		



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## **Reservation Guidelines for Funeral Services**

### Guidelines for Use of GCA Facilities for MEMBERS, NON-MEMBERS, & SISTER ASSEMBLIES

1. Make sure your date has been reserved through the Office, the application approved, and the reservation form submitted.
2. The GCA Events Representative will be available to answer any questions you may have. Please make sure special requests are discussed with the events representative.
3. Smoking, and alcoholic beverages are not permitted in any part of the building or premises,
4. Occupancy:
  - (1) Church Occupancy is 450.
  - (2) The Fellowship Hall will accommodate up to 300 guests. This will include 37 tables with eight (8) guests per table. As an added comfort, we strongly recommend you limit your invitations to no more than 250.
5. The Elders reserve the right to approve or disapprove any application.
6. If you are having the repast catered. Please note:

The kitchen is only used with GCA Staff or a GCA approved Caterer. The caterer must be Licensed and insured. We require a copy of the license and proof of insurance in the Church office prior to the day of the Funeral. The Church office is open from 9:00 am to 3:00 pm Monday through Friday.
7. Time Parameters are as follows:
  - Sanctuary - The Church doors will be open two (2) hours before the funeral. This provides time for set-up activities to be completed by the funeral director and florist. It also allows time for the viewing. The church will remain open for one (1) hour following the service. Fees reflect a total of four (4) hours. Any additional time will be an added cost of \$125 for each Additional hour or part thereof.
  - Fellowship Hall - The Event shall not exceed four (4) hours. Any additional time will be an added cost of \$125 for each additional hour or part thereof.