

West-Mont Christian Academy Facilities Reservation Request Form

Room(s) or Area Requested (Please be specific): _____

Date(s) Requested for Event: _____ Approx. Number Attending _____

Time Requested for Entry: _____ Time Event Begins: _____ Time Event Ends: _____

Detailed Purpose of Event: _____

Contact Information: Organization: _____

Address: _____

City, State, and Zip: _____, _____

Phone: (____) ____ - _____ Contact Name: _____

List Any Requested Items (i.e. chairs, tables, overhead projectors, TV/VCR's, piano, gym equipment, sound equipment, portable stage, etc.) along with the number needed and location where it is needed:

(If set-up is required, please provide a diagram on the reverse side of this form)

**When completed, send this form to: Dr. James Smock - West-Mont Christian Academy
873 South Hanover Street - Pottstown, PA 19465**

Please note: The Lord's facilities here at WCA are scheduled on a first-come-first served basis, with WCA functions taking priority with proper and sufficient notification. **While some requests may be tentatively scheduled, dates are not considered reserved until this document has been completed and approved by the Administrator of the academy.** West-Mont Christian Academy retains the right to refuse entry to our facilities at any time, for any reason.

The user, as signed below, understands and acknowledges that the activities listed above carry inherent risks and as such, the user does voluntarily assume risks on behalf of those entering into the activities for which the facility is to be used. The user also agrees to hold harmless, indemnify, and defend West-Mont Christian Academy, Inc. its employees, volunteers, or agents from any and all liability, claims, judgments, and costs which may result from any person using the building, its entrances and exits, building equipment and facilities, and surrounding areas for user's purposes. The user also agrees that use of facilities may be denied if the guidelines set forth in the guidelines document are not adhered to as listed on the guidelines document. **The user also affirms that they have read the Facility Usage Guidelines.**

_____/_____/_____
Signature Position Date

(WCA Administration Use Only)

Use Approved By _____ Date of Approval ____/____/____

Received: Insurance Certificate ____/____/____ Copy of Caterer's License ____/____/____ Deposit \$ _____

Distribution: Original to Office _____ Copy to Requester _____ Janitor _____ Maintenance _____