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|--|----------------------------------|
| Service will be held at: _____ | Time: _____: _____ |
| b) When is the wake service date: | Month _____ Day _____ Year _____ |
| Service will be held at: _____ | Time: _____: _____ |
| c) When is the graveside service date: | Month _____ Day _____ Year _____ |
| Service will be held at: _____ | Time: _____: _____ |

Building Use Information

If you would like to request CenterPoint Church facilities for your memorial/funeral service, please carefully read the following and complete the **Facility Request** form. **Please note: in most cases, our sanctuary is not available for non-members of CenterPoint Church.** For members, it may or may not be available depending on availability. Please know we will always do what is best to accommodate you. If you do not wish to reserve the facility, skip to next page and sign to confirm you have read all of the terms and conditions of funeral services at CenterPoint church.

Facilities Usage and Fees

The total fee for use of the sanctuary is **\$150 (Note: this fee is waived for members of CenterPoint Church)**. For all others, this covers the cost of setup, teardown, cleaning and resetting our building and custodial staff. Checks can be made payable to CenterPoint Church.

Please note the following guidelines for our facility use:

- Saturday usage must not go beyond 8pm. CenterPoint Church **is not** available on Sundays.
- Once the church is open, you or a designated person is responsible for the building.
- The facilities requested will be set up and prepared 2-4 hours prior to date and time of use.
- You will be responsible for the installation and removal of all flowers/decorations.

CenterPoint Church Musicians

We have several musicians and sound technicians in our congregation who are available on a contractual basis. If you are interested, please speak with our office directly for the names of the contact people. Also, please let us know what instruments/sound equipment you will need from the church OR what you will bring with you for the event. **Please pay the musicians directly on the day of the funeral.**

Audio

Our sound technicians are available to help with microphones and general sound. Please let us know if you will need a technician. **Please pay the technician directly on the day of the funeral.**

Fee Summary

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| Sound Technician | \$75 | Paid directly to technician. |
| Use of the sanctuary/school rooms | \$150 | Paid to CenterPoint Church (Fee waived for members of CP) . |
| Pastor (Funeral/Memorial Service) | \$250 | Paid directly to pastor (Fee waived for members of CP) . |
| Pastor (Only Wake or Graveside only) | \$150 | Paid directly to pastor. (Fee waived for members of CP) . |
| Pastor (Both Funeral & Graveside) | \$300 | Paid directly to pastor. (Fee waived for members of CP) . |
| Musicians | Determined individually | Paid directly to contracted musicians. |

Facility Request Form

Requested Facility Date: _____ Time: _____

Will flowers be delivered or installed: Yes No Date: _____ Time: _____

Will any be providing any refreshments following the service? ? ___ Yes ___ No

 If so please specify: _____

What additional services/items will you need?

_____ Sound/Technical Support (Fee required, see page 2)

_____ Keyboard (will require sound tech)

_____ Musical Equipment (may require sound tech) Please Specify: _____

Other - please specify: _____

I have read and understand the policies and payment procedures outlined in this agreement. I have read and understand the requirements for a pastor of CenterPoint Church to officiate our funeral/memorial service. I agree to pay all required fees.

Requester Signature

Date

Please email the form to info@cpchurch.com or mail a hard copy to:

CenterPoint Church

ATTN: Office Administrator

98 Jerusalem Ave. Massapequa, NY 11758

*Please remember your request must still be reviewed & approved. We will contact you within 24 hours of us receiving your request.

Office use:

Date Received: _____ Pastor _____

Pastor Approval Initial Here: _____ Facility Approval Initial Here: _____