

FUNERAL FACILITY RENTAL

Maranatha Christian Reformed Church
33 King Avenue, York, ON N0A 1R0
Phone: (289) 757-4114

Email: office@maranathacrcyork.ca Website: www.maranathacrcyork.ca

Name of Funeral Home: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ E-Mail: _____

Contact Person: _____ Phone Number: _____

All fees associated with funerals are to be paid via the Funeral Home (ie. Church rental, custodian, sound, bulletins, and organist). Maranatha CRC of York or any of its representatives do not assume any control over or responsibility for the remains of the deceased. This responsibility remains with the Funeral Director and the family.

The seating capacity: Sanctuary- 420 persons. Upper Hall - 280 chairs and 200 with tables and chairs. Lower Room - 175 chairs and 135 with tables and chairs.

Please check what is required: Sanctuary & Upper Hall @\$350 (), Upper Hall @\$250 ()
Lower Level @\$250 (), Sanctuary @\$200 () \$ _____
Other: _____

Date Required: _____ Time required: _____ am/pm until _____ am/pm

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Date Required: _____ Time required: _____ am/pm until _____ am/pm

*11pm curfew on Saturdays

*\$100 deposit for each function \$ _____

*There is a custodial fee of \$100 for the funeral service. = \$ _____

*There is a custodial fee of \$50 for the visitation. (whether 1 or two in the same day) = \$ _____

*Video recording Yes/No \$50 per service. _____ visits x 50 = \$ _____

*Audio/Visual personnel (weekday rental will require confirmation of availability)
Yes/No \$50 per person per visit. _____ visits x 50 = \$ _____
\$25/extra hr per person after two hours. _____ extra hours x 25 = \$ _____
*Some larger events may require two people.

*Minister: All services, fees and availability related to the minister are to be discussed and agreed directly with the minister.

*If tablecloths are used and need to be cleaned by church staff, a fee of \$25 will be charged
Tablecloths required? Yes/No If yes, do you need staff to clean them? Yes/No \$ _____

TOTAL COST OF EVENT FOR SERVICE RENDERED.....\$ _____

I _____, managing director of _____,
(print name) (print name of funeral home)

accept the stated terms, conditions, and prices.

Signature: _____ Date: _____
(mm / dd / yyyy)

Please forward completed application and payment to:
Attention: Karen Hatton, Office Administrator
Maranatha Christian Reformed Church, York
33 King Avenue, York, Ontario N0A 1R0

----- *Below for office use only* -----

Application received by: _____ Date: _____
(mm / dd / yyyy)

Payment of: _____ received by: _____ Date: _____
(mm / dd / yyyy)