

# Rental Application for Musical Performances

Email this completed form to [Office@fccpa.org](mailto:Office@fccpa.org) to request your dates.

First Congregational Church of Palo Alto  
1985 Louis Road, Palo Alto, CA 94303  
(650) 856-6662 | [www.fccpa.org](http://www.fccpa.org)

**DATE OF APPLICATION:** \_\_\_\_\_

## CONTACT INFORMATION

Organization: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT INFORMATION

Type of Event(s):       Concert       Rehearsal       Other \_\_\_\_\_

Expected # in Attendance: \_\_\_\_\_      Expected # of Performers: \_\_\_\_\_

Will there be a Reception: :  No     Yes, if yes, please answer the following question:

    Will Food/Beverages be Served:  No     Yes – Please Specify: \_\_\_\_\_

    Will Alcohol be Served:  No     Yes – Liquor Liability Insurance Required

**REQUESTED DATES/TIMES** (all dates & times requested below are not confirmed until APPROVED)

\*Please request dates as needed. Remember to include set-up, performance/rehearsal and clean-up time.

| Date(s) | Type of Event<br>(Concert or<br>Rehearsal) | Arrival /<br>Set-Up<br>Start Time | Event Start<br>Time: | Event End<br>Time | Clean-Up<br>End Time |
|---------|--|-----------------------------------|----------------------|-------------------|----------------------|
|         |  |                                   |                      |                   |                      |
|         |  |                                   |                      |                   |                      |
|         |  |                                   |                      |                   |                      |
|         |  |                                   |                      |                   |                      |

## FACILITIES REQUESTED

Sanctuary     Fellowship Room/Library  
(Green Room)     Courtyard     Classroom 8     Other

## EXTRA ITEMS REQUESTED

Grand Piano     Organ     Microphone x \_\_\_\_\_  
(2 maximum)     A/V Equipment  
(Excludes streaming)

Other \_\_\_\_\_

### FOR OFFICE USE ONLY

Application Approved by  
FCCPA:  YES     NO

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

By: \_\_\_\_\_