

Building Use Form

Revised: 05/19/2026



Central Square Congregational Church United Church of Christ

REV. ELIZABETH STOTTS

71 CENTRAL SQUARE
BRIDGEWATER, MASSACHUSETTS 02324
(508) 697-6016 office@cscucc.com

Welcome! It is our privilege to host your group in our church. Many community groups meet in our facilities. We see it as a part of our ministry to be a good neighbor. In this way, we support organizations that provide help and opportunity to individuals and to the community at-large.

Cost: The groups that use our facilities do so for a nominal fee. We rarely make money renting our facilities, nor do we seek to do so. **Fee schedule as follows:**

Non-profit community groups are asked to pay ten dollars (\$10) per weekly meeting. This fee may be waived by the CSCC Property & Finance Team for groups like the Girl Scouts, Boy Scouts, etc.

Special Events for Non-Church members may reserve space, dependent upon schedule being cleared through the church office, for the sum, in advance, of \$30 per hour for predicted facility usage (to include set-up and clean-up time) and a *refundable* deposit of \$50 towards possible repairs and extended usage time. ***Fees are to be paid to the Church Office, in advance, in the form of two (2) separate checks.***

Church members may reserve space, dependent upon schedule being cleared through Church Office, for the sum, in advance, of \$15 per hour for predicted facility usage (to include set-up and clean-up time) and a refundable deposit of \$25 towards possible repairs and extended usage time. ***Fees are to be paid to Church Office, in advance, in the form of two (2) separate checks.***

The CSCC-UCC Property & Finance Team may, at its sole discretion, allow a waiver or modification of the fee for a group. A request for a fee waiver should be sent to the P&F Team in writing via the church office e-mail address (office@cscucc.com). The budget for the maintenance, improvement and repair of this building runs into the tens of thousands of dollars each year. In order for us to be able to continue to offer our facilities on these terms, we need the cooperation of every group who uses the church building.

Expectations: Your group will be regular and prompt in its **payments** to the Church according to the agreement you have made with us.

You will return any room (or rooms), we have provided you, **in the same condition in which you found it.** This includes replacing chairs and tables where you found them, sweeping the floor and cleaning up any spills, if necessary, mops and brooms are located in the kitchen closet.

You will not use any rooms that have not been assigned to you.

It is a serious breach of this agreement for any and all **children** to be wandering the halls of the church while Mom and/or Dad are at a meeting or event. It is also a safety issue! Children must be attended to in the room or rooms in which you are meeting. If that is not possible, group members must either not bring children or your group must provide adequate childcare (a minimum of two CORI-checked adults) and rent an additional room for the children.

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The paragraph above also applies to any group of children/youth who are using the facility, for example, Boy Scouts, Girl Scouts, etc.

The use of alcohol, tobacco, and/or other illegal substances is strictly prohibited. The use of the elevator is for the handicapped and baby carriages only.

Please carefully read and abide by the rules given to you when you are assigned a key for entry into the building. Please ensure you lock the outside doors if your group is the last to leave the Church.

We appreciate your cooperation so that we may continue to be of service to the community.

Day and Time of building use: _____

Group Function: _____

Space Requested: Fellowship Hall Fellowship Hall & Kitchen Fireplace Room
Upper Level Meeting Room Sanctuary

Name of your Group: _____

Name of Contact/Responsible Person (please print) _____

Street Address: _____

Town and Zip Code: _____

Telephone: _____

E-mail Address: _____

I have read and I understand the terms of this agreement:

Signature of Responsible Person: _____

Date _____

Issued Key # _____ Date _____

[If you have a key from a previous year, please indicate the key number in space above.]

OFFICE USE ONLY

Checks/Cash Received:

- Use of facility check: (number of hours x fee)
- Deposit (refundable; includes key fee)

Signature of CSCC Office Manager or other Authorized CSCC Representative: _____

Date _____