



**San Jose Christian Alliance Church
Chair Covers Reserve Form**

Name: _____

Phone: _____ Email: _____

Congregation: CS ES MS Others: _____

- San Jose Christian Alliance Church reserves the right to approve/reject any request to use the chair covers if a group does not comply with the instructions described below.
- Reservations are at a first come first serve basis, unless there is a conflict with church schedule.
- The person making a reservation is responsible for the chair covers.
- Replacement fee for missing and/or damaged cover is \$3 per cover.
- Church office staff must approve reservation.

Event information

Name of Event:	Estimate number of people attend:	Number of chair covers need:

Event Set Up Date & Time:	Event Date & Time:

I understand that by reserving the chair covers for use for church events and ministry, I agree with the following:

- I understand the guidelines as a church staff has gone through the list with me.
- I assume full responsibility for any missing or damage chair covers.
Replacement fee: \$3/cover
- I will return the chair covers to the church office within 14 days (or before the next upcoming event) after the event.
- I will wash and clean the chair covers as needed after the event.

Please use cold water to wash, delicate cycle; use low heat when drying.

Signature of Requestor: _____ **Date:** _____

Office Only

Return no later then: _____

Approve by Office Staff: _____

Office Staff: _____ **Date of Return:** _____