

## **New Life At Calvary (NLAC)**

### **Home Going Celebration and Repast Information**

Losing a loved one is never easy. We are here to assist you in celebrating the life of your loved one. At New Life At Calvary you are able to have your Home Going Celebration and your Repast at our church. We also offer bereavement counseling if you or a member of your family needs those services. As with every event, there are requirements of everyone to host an event at NLAC. In order to have a Home Going Celebration at NLAC, we require everyone (Active Covenant Partners and Non-Members) to do the following:

- 1. Complete the facilities application form and secure your date(s). Put your deposit down (See fee list).
- 2. Choose which Pastor you desire to assist you with your Home Going services. Speak directly to that Pastor.
- 3. Schedule a meeting with the chosen Pastor.
- 4. Please remember that there are fees associated with every event at NLAC. We have fees for Active Covenant Partners and Non-Members. Member fees are usually at a discounted rate, but there are still fees associated with each event. You cannot decide to become a Covenant Partner just to get the discount. Non-Active Covenant Partners will be required to pay the non-member fees unless special approval is given by Session.
- 5. Our Session approves every event, including Home Going Celebrations. Please submit your information in a timely manner. If you are using your own cooks for your event, those persons must be listed in this packet.

### Please remember to contact your desired funeral home to begin those preparations.

**6.** You will be charged a fee for damages incurred to the Church property during your event.

#### Please know that the following rules apply to all:

- 1. No alcoholic beverages, drugs, marijuana, or any illegal products are to be brought into, or used on the premises. Please inform your guests not come to our church high or drunk.
- 2. No unruly behavior, fights, cursing, or any types of violence are acceptable and will not be tolerated. We will call the police.
- 3. You are responsible for providing all your own supplies, plates, napkins, forks, spoons, cups, tablecloths, etc.
- 4. During Covid: The Sanctuary accommodates 200 people. The Fellowship Hall Accommodates 70 to 75 people. The Gym accommodates 100 people.
- 5. All kitchen crew members must use gloves, wash, and sanitize hands, wash and clean all church items used and return those items to the original location and provide the proper sanitation when cooking and preparing food. Please store food as recommended.

# **Home Going Information:**

| Full Name of The Deceased:  |   |
|---|---|
| Birthdate of The Deceased:  | _ Date of Date:                           |
| Was the deceased an Active Covenant Partner Non-A   | Active Covenant Partner Non-Member        |
| Home Going Celebration Date:  | _   |
| Will your Home Going Celebration be held at NLAC?   | Yes No if not where?                      |
| Chosen Funeral Home:  |   |
| Viewing Date and Hours:   |   |
| Bereavement Counseling: We will need Bereavement  | Counseling: Yes No                        |
| Scripture Readers:  |   |
| Singers:  |   |
| Who is creating your program?   |   |
| Do you need information from the Church regarding i   | membership dates, ministries served etc.? |
| Will you have a time of testimonies?  |   |
| Will there be a committal? If so, where, and when?  |   |
| What are the colors of your Home Going Celebration  | ?   |
| Which room do you desire the Home Going Celebrati   | on to be? (Chapel, Sanctuary, Other)      |
| Will you be using any decorations? Yes No Will y  | ou hang any decorations? Yes No           |
| (Please do not use any nails or tape the  | at will damage any surface)               |
| Will you have your Repast at our NLAC? Yes No   | o if no, where?                           |
| Are you expecting the Pastor to attend your repast?   | Yes No                                    |
| Is there any other information, regarding your Home of that you need the Pastors or the church to know? | _   |

| Name of the Person Pla           | anning the Home Going  | Celebration   | :              |   |
|----------------------------------|--|---------------|----------------|---|
| (Check One) Active Co            | ovenant Partner Non-A  | Active Cove   | enant Pa       | rtner Non-Member                          |
| Address:                         |  |               |                |   |
| City:                            | State:   | Zip Co        | de:            | Phone:                                    |
| E4(-) l                          | -4 NIL A C   | D             | (a) A <b>X</b> | 7 <b>D</b>                                |
| <b>Event(s) you are having</b>   | at NLAC  | _             |                | You Requesting to Use                     |
| ☐ Home Going Cele                | protion Only   |               | Sanctua        |   |
|                                  | oration Only   |               | Gym or         |   |
| • •                              | protion & Danget   |               |                | •   |
| ☐ Home Going Cele                | <u>-</u>   |               | Kitchen        |   |
| □ Other:                         |  |               | Chapel         |   |
|                                  | Lis  | t of Fees:    |                |   |
| <b>Active Covenant Partner H</b> |  |               | Non-Me         | mber Home Going Celebrations              |
| □ \$0.00 Pastor's Fe             | e  |               | \$100.00       | Deposit (Required)                        |
|                                  | an/Singer (Required)   |               |                | Pastor's Fee                              |
| $\square$ \$25.00 Housekeep      |  |               |                | Per Musician/Singer (Required)            |
| •                                | and Gym Fee  |               |                | Housekeeping Fee (Required)               |
| □ \$75.00 Security Fe            |  |               |                | Sanctuary (Required)                      |
| -                                | Hall and Kitchen   |               |                | Security Fee/Person (Required)            |
| •                                | arden) and Kitchen   |               |                | Fellowship Hall and Kitchen               |
| •                                | ee (very simple program)                                       | П             |                | Gym (or Garden) and Kitchen               |
| \$ Total                         |  |               |                | Program Fee (very simple program) Total   |
|                                  | Going Celebration and Repast<br>Going Celebration is 2-3 hours |               |                |   |
| Tables and Chairs: I/We wi       | Il need to use approximately _                                 | ta            | bles and       | chairs                                    |
|                                  | ood for your Repast? If yes, w                                 |               |                |   |
|                                  | naking payments?   |               |                |   |
| vino is responsible for in       | iaking payments.   |               |                |   |
| <b>Total Cost of The Event</b>   |  |               |                |   |
|                                  |  | able. You may | receive an     | n additional bill if damages occur to any |
| church property.)                |  |               |                |   |
| Deposit:                         | Date:  |               |                |   |
| Payments:                        | Date:  |               |                |   |
|                                  |  |               |                |   |
|                                  | Date:  |               |                |   |
|                                  |  |               |                | ements set forth governing the use of     |
|                                  |  |               | mply with      | all requirements as they apply to         |
|                                  | y, including paying for any da                                 | _             |                | Data                                      |
|                                  | Signat<br>Signat   |               |                |   |
| 11dille (1 lillt)                | sigilal  | u1C           |                | Date:                                     |