



North Greece Road Church of Christ  
 Dr. Jerry G. Houston, Senior Minister  
 North Greece Road Rochester, New York 14626  
 585-256-0190 / 585-256-1420 (FAX)



ELDERS

Dr. Jerry G. Houston  
 Mack A. Starks, Jr.  
 Cass Wade, Jr.  
 Arthur L. Washington

DEACONS

Winston Brown  
 Jeffery O. Calhoun, Sr.  
 Anthony D. Cleggett  
 Moses Kelly, Sr.  
 Ronald A. Wade I

YOUTH MINISTER

Willie Robinson Jr.

ORDER OF WORSHIP

Sunday  
 Morning Bible Class:  
 9 a.m.

Worship:  
 10:15 a.m. & 6 p.m.

Wednesday

Bible Class:  
 10:30 a.m. & 7 p.m.

**EHRCOC PERSONAL EVENT BUILDING USAGE FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**DATE OF USAGE:** \_\_\_\_\_

**REASON FOR USAGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AREA(S) OF BUILDING TO BE USED:** \_\_\_\_\_

\_\_\_\_\_

**HOURS OF USAGE:** \_\_\_\_\_

**TERMS OF USAGE:**

I, \_\_\_\_\_, **DO HEREBY ACCEPT RESPONSIBILITY AS THE CONTACT PERSON FOR MY PERSONAL EVENT.**

**I AGREE TO REPORT ANY DAMAGE TO THE PROPOSED AREA DURING THE USAGE OF MY EVENT AND THE REASON FOR DAMAGE. I ALSO AGREE TO THE REPLACEMENT OF DAMAGED EQUIPMENT DURING MY EVENT.**

**I AGREE TO PAY A FIFTY DOLLARS (\$50.00) FOR THE CLEANING OF THE PROPOSED AREA.**

**PAYMENT MADE BY: (PLEASE CHECK ONE)**

**CASH**

**CHECK**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE TURN THIS FORM INTO THE FOLLOWING INDIVIDUAL(S) FOR AUTHORIZATION:  
 ELDER ARTHUR WASHINGTON  
 DEACON WINSTON BROWN**