

Facilities Use Request

Return this portion to the Church Office as soon as possible (ideally at least 4-6 weeks before the event) to allow proper time for consideration of your request. Trustees meetings are held monthly so please plan accordingly.

Today's Date: _____

Date Usage Requested: _____ Time(s) Requested: _____ AM/PM(circle one)

Space Required: _____ Number of Persons Expected: _____

Hours Needed: Preparation: _____ Function: _____ Clean Up: _____ Total: _____

Additional Times Needed to Prepare Facility (i.e. Rehearsals, etc.) Please give days and times as our custodian needs to work around your group when he prepares the facility: _____

Organization: _____

Person Responsible: _____ Phone(Day) _____ Phone(Evening) _____

Address: _____

City: _____ Zip: _____

Description of Function: _____

Equipment Desired (tables/chairs/a/v equipment, other): _____

Is there a charge for this event?: Yes _____ No _____

Will you be selling anything at this event: Yes _____ No _____.

If so, for what purpose: _____

Do you agree to the Church Policies which have been provided to you?: Yes _____ No _____

Signature: _____

Printed Name: _____

For Office Use Below:

<p>Policies Provided:</p> <ul style="list-style-type: none"><input type="checkbox"/> Building and Grounds<input type="checkbox"/> Kitchen<input type="checkbox"/> Building Fees and Deposit<input type="checkbox"/> Wedding<input type="checkbox"/> Funeral

<p>Planning Checklist:</p> <ul style="list-style-type: none"><input type="checkbox"/> Approved by Sen. Pastor (date) _____<input type="checkbox"/> Forwarded to Trustees (date) _____<input type="checkbox"/> Approved by Trustees (date) _____<input type="checkbox"/> Deposit paid (date) _____<input type="checkbox"/> Fees paid (date) _____<input type="checkbox"/> Event held (date) _____<input type="checkbox"/> Deposit returned (date) _____
