

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 of Event: _____ Time(s) Requested: _____ AM/PM(circle one)

Space Requested: Sanctuary _____ Buchanan Hall _____ Kitchen _____ Other _____

Number of People Expected: _____

Hours Needed: Set Up: _____ Event: _____ Clean Up: _____ Total: _____

Additional Days/Times Needed (i.e. Rehearsals, etc.) _____

Organization: _____

Person Responsible: _____ Phone _____

Email: _____

Description of Event: _____

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

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

If so, for what purpose: _____

I have read the (1) Facility Use Request Attachment Sheet and (2) Building and Grounds Guidelines and agree to abide by the policies set forth in both documents. I also understand that final approval of my request cannot be granted until payments set forth in the above policies are received.

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) _____
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