



FACILITY USE REQUEST & AGREEMENT

Name of Person/Organization Making Request: _____

Church Member Church Sponsored Ministry Non-Member Non-Member Organization

| | |
|--------------------------|--------------------|
| Contact Person(s): _____ | Today's Date _____ |
| Address: _____ | |
| Best Phone: _____ | E-mail: _____ |

Request Information

| |
|--|
| Event Description: _____ |
| If you are an organization not affiliated with the church, please briefly describe the organization's purpose and mission: _____ |
| Organization's Website: _____ |
| Date(s): _____ Day of week: _____ |
| Actual event time: _____ am/pm until _____ am/pm |
| Start & End Time (including setup and takedown): _____ am/pm until _____ am/pm |
| Specific room(s) needed (see facility map on reverse side): _____ |
| Equipment Requested: _____ |

PLEASE NOTE:

The reverse side of this form also needs to be completed.

This form is a request only. The facility is not reserved until the event is placed on the Facility Calendar.

Keys should be returned within 48 hours following the event.

| | |
|-----------------------------------|-------------|
| Facility Use Authorized By: _____ | Date: _____ |
| Facility Keys Issued: _____ | |
| Comments: _____ | |

