

REQUEST FOR USE OF FACILITIES

Organization: _____
Purpose: _____
Facility Space Requested (specify rooms) _____

Date(s) Needed: 1st Choice _____ Time: From _____ To: _____ Day of Week _____
2nd Choice _____ Time: From _____ To: _____ Day of Week _____
Ongoing Need: From _____ To: _____ Church Related? yes no

Applicant/Responsible Contact _____ Title: _____
Daytime # _____ Cell or Pager _____ Evening # _____ Email _____
Address _____

Equipment Needs: (specify quantity)

+Tables (rectangle) _____ +Tables (round) _____ +Chairs at each table: _____
+Chairs not at tables: _____ High Chairs: _____ Microphone: _____
Handicapped Chair: _____ Lectern: _____ Overhead: _____
Screen: _____ TV/VCR: _____ Easel: _____
*Table Cloths (rectangle) _____ *Cloths (round) _____ Other: _____

- * Table Cloths must be cleaned and returned promptly.
+ Placement of tables and chairs should be drawn in diagram on reverse side.

Kitchen and/or appliances to be used: (specify) _____

Note If kitchen or appliances are used. The person responsible must be instructed on use by our designated staff person prior to the event.

- If you are to receive any deliveries for this event, you will need to make arrangements to meet the delivery truck, pay for the goods and store them until used.

Other needs: _____

Set Up and Clean Up: (Choose one)

I will be responsible for set up and clean up and understand my deposit will be refunded only if the facilities are left in the condition in which I found it.

I wish to contract with your Sexton for the set up and clean up and understand I will make payment to them for an amount as described in the Fee & Deposit Schedule. ++

++ANY CHANGES TO ORIGINAL FACILITY REQUEST MUST BE MADE 48 HOURS PRIOR TO THE EVENT. AFTER THAT TIME, IT WILL BE THE RESPONSIBILITY OF APPLICANT.

- Keys should be picked up prior to the event and must be returned to the church office on the next business day following use of the facilities.

I have read the document regulating the use of the requested facilities and agree that they will govern my group and me, as responsible party.

Applicant Signature _____ Date _____
Staff Person receiving application _____ Date _____

Approved _____ Use of Facilities Fee: _____ Sexton Fee: _____
Deposit: _____ Property Chair Signature: _____ Revised 4/04