

Facilities Use Form

Date Submitted: (mm/dd/yr) _____ Submitted by: _____

Address _____ Phone # _____

Requested Event _____

Request Date(s) (mm/dd/yr) From: _____ To: _____

Event time From: (00:00 am/pm) _____ To: (00:00 am/pm) _____

Reserve time From: (00:00 am/pm) _____ To: (00:00 am/pm) _____

Facilities Requested: (Include building and room numbers)

Resources Needed: (Tables, Chairs, Audio/Visual Equipment, Sound Support, Kitchen Nursery) A diagram of the set up can be attached

Comments:

Signature _____ Date _____
Applicant

Signature _____ Date _____
Church Representative