



REQUESTER: _____

(PLEASE CIRCLE ONE) Sycamore Member Sycamore Attender Member of Another Church Community Member

If you are a member of another church, specify: _____

If you are NOT a SPC member, name of responsible SPC member sponsoring: _____

Address: _____ Phone: () _____

Email: _____

PURPOSE OF EVENT: (PLEASE CIRCLE ONE) Ministry Social For-Profit Non-Profit

DATE(s)/DAY(s) and TIME OF EVENT: _____

BRIEFLY DESCRIBE THE EVENT: _____

LIST ROOM(S) YOU WILL NEED (PLEASE CIRCLE ONE): Sanctuary, Foyer, Classroom(s) # _____, Parlor, Kitchen, Lobby, Other) _____

TABLES NEEDED? Yes No How many? _____

(large parties must attach a sketch of table placement)

SERVING FOOD? Yes No If yes, describe: _____

KITCHEN NEEDED: Yes No CATERER (if applicable): _____ Phone: _____

NUMBER OF ADULTS ANTICIPATED: _____

OPEN TO THE PUBLIC? Yes No

NUMBER OF CHILDREN ANTICIPATED: _____

NURSERY AREA NEEDED? Yes No

WILL GUESTS PAY AN ADMISSION CHARGE? Yes No

If Yes, please explain its purpose: _____

WILL PRODUCTS OR SERVICES BE OFFERED FOR SALE? Yes No

If Yes, please explain: _____

Alcoholic Beverages and Smoking are NOT permitted on SPC property.

WILL SPECIAL EQUIPMENT BE NEEDED?: Yes No

If yes, list all equipment needed (i.e. microphone, overhead projector, TV/VCR, etc.):

HAVE YOU LINED UP AN AUDIO TECHNICIAN? Yes No

If Yes, Technician's name: _____ Phone: _____

If No, WILL YOU REQUIRE OUR AUDIO TECHNICIAN? Yes No (There will be a charge for this service.)

AGREEMENT: In submitting this request, I hereby represent and affirm individually (and on behalf of the organization I represent, if applicable) that I have read and am in agreement with the below documents available on the SPC website or in the church office as of the date of this request:

Constitution and By-Laws

Statement of Faith

Facility Use Policy

I agree individually (and on behalf of the organization I represent, if applicable) to assume responsibility for the security of the building and the safety of the participants during the specified event. Additionally, I/we will pay set fees for the use of the facility. Should there be any change in plans, I will promptly contact the church and advise the facility use coordinator.

If the requested even is a wedding, I affirm that I have been provided with and agree to the SPC Wedding Packet and Articles of Incorporation.

I understand that this request may be approved as submitted, approved subject to conditions, or rejected. In the event it is approved with conditions, I understand that I must affirm in writing my agreement with the conditions prior to the use of the church facility.

REQUESTER SIGNATURE: _____ DATE: _____

All Requesters will set up as needed, clean up all spaces utilized, and leave SPC property exactly as you found it, ready for the next user.

SPONSORS SECTION ONLY:

Sycamore Sponsor: _____

Person responsible for Event & Building Security: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Sycamore Sponsor is responsible for being on premises at all times during this event **AND** to oversee the cleanup and resetting of any portion(s) of the church utilized for this event.

SYCAMORE SPONSORS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Staff Member accepting this request: _____

SPC calendar has been checked? Yes No

Have the SPC Wedding Packet, Articles of Incorporation, Constitution and By-Laws, Statement of Faith, and Facility Use Policy been provided to Requester? Yes No

Is any Pastoral Staff input required regarding this request? Yes No

If Yes, please explain. _____

(i.e., if a non-PCA pastor is presiding, has this person been approved by SPC pastoral staff?) Yes No

Is Sycamore Sponsor in possession of a building key & security code? Yes No

OR will one be loaned to them? Yes No

Is the Requester requesting individually? Yes No

OR acting as a third party? Yes No

Has the security deposit requirement been communicated? Yes No

What amount was quoted? \$ _____

Has payment been received? Yes No If Yes, Amount: \$ _____

Any additional information you feel may help the Deacons to adequately evaluate this Request: _____

DEACONATE APPROVAL SIGNATURE: _____ DATE: _____