



## Facility Use Request

Name of Group or Event \_\_\_\_\_

Date(s) requested \_\_\_\_\_

DESCRIPTION OF YOUR EVENT

Estimated Attendance \_\_\_\_\_

Set up time \_\_\_\_\_

Beginning time \_\_\_\_\_

Ending time (including clean up) \_\_\_\_\_

AREAS REQUESTED (check all that apply)

- Fellowship Hall
- Parlor
- Lower Level Rooms

PRIMARY CONTACT PERSON (designated liaison)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs: (Setup, audio, lighting, etc.) May use back of form to draw desired set up.

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I have read the facility use policies and I agree to the stated terms, conditions, and policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_