



Facility Use Request

Event: _____

Name: _____ Date: _____

Contact phone number: _____ Email: _____

Date(s) requested: _____

Hours of request: _____
(Please indicate AM or PM)

Time of event (for calendar): _____

Room/Area requested: _____
(Sanctuary, Kitchen/Cafeteria, Exterior Grounds Common, Lower Level, etc)

Frequency of use: _____
(One time only, Weekly, Monthly, etc)

Also needed:

_____ Set Up form _____ Equipment Use form _____ Announcement form

PLEASE SUBMIT REQUEST TO THE CHURCH OFFICE _____
Office Use Only

Calendar Checked: _____

Request approved by: _____

Request Denied by: _____

Conditions of use/Reasons for denial: _____

