

# Facility Use Request- Kitchen

Org. Name: \_\_\_\_\_ Today's Date: \_\_/\_\_/\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Day of Week: \_\_\_\_\_

Dates: from \_\_/\_\_/\_\_ to: \_\_/\_\_/\_\_

Facility Entry Time: \_\_\_\_\_

Facility Leave Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant agrees to the "*Facility Use Policy/COVID19*".

Area requested :

- Kitchen
- Range
- Other \_\_\_\_\_

*"Close-up Check List"* done by \_ User \_ Church. See Web Site.

..... To be completed by CUMC .....

Cost: \_\_\_\_\_ Approve? \_\_ by \_\_\_\_\_ Date: \_\_/\_\_/\_\_