FACILITY USE REQUEST FORM

Please return completed form to the church secretary in the church office at minimum of one month prior to the date of your requested reservation.

1.			Today's Date:
	(Group or Individual requesting use	e)	
2.	Your Address:		Phone #:
3.	Date(s) Requested:		If recurring: Start Date: End Date:
4.	Event Start Time:		End Time:
5.	Event Set-up Time:		
6.	☐ I have access to the building.		I will need access to the building.
7.	Facilities needed (please check all rooms yo	ou plan t	o use):
	Kitchen		North Dining Room (carpeted)
	Library		East Dining Room
	Conference Room		Basement Lounge
Please	e explain activity to be held:		
We hat The position agrees the ch	3 – Somew erson/organization requesting the use of Chubers, or people of any liability for personal injust to be responsible for any property damage thurch office promptly.	es (seats of that largurch facil ury to ar hat resul	6), 22 – 8' tables (seats 8), 10 – round tables (seats 8) e decorative tables that could be used for such things as gifts lities hereby absolves the church, its pastor, leadership, by individual resulting from the use of the church facilities and its during the use of the facilities. Please report any damage to set up, clean up, and return to normal set up of the facility.
Signa	ture of Responsible Party		Date:
For	office use only:		
Rec	eived by:		Date:
App	proved by:		Date: