

REQUEST FOR USE OF FACILITIES/EQUIPMENT

GENERAL INFORMATION

DATE OF APPLICATION: _____
 INDIVIDUAL/ORGANIZATION: _____
 CONTACT PERSON: _____
 ADDRESS: _____

 DAYTIME PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____
 DATE(S) TIME(S) NEEDED: _____

PLEASE NOTE: No SMOKING, DRINKING or ALCOHOLIC BEVERAGES on the premises AT ANY TIME!

FACILITIES USE (\$200 fully REFUNDABLE damage deposit required for MOST events & SOME events require a NON-refundable USE FEE. Please check with the office to determine if your event requires a damage deposit or USE FEE.)

PURPOSE: (If for wedding purposes, also complete a Wedding Application form.)

ESTIMATED NUMBER OF ATTENDEES: _____

PA System Needed? _____
 (\$50 - \$100 FEE for Audio/Visual tech for your event, depending on your needs and time)

ROOMS REQUESTED: (Check applicable rooms.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Classroom 3 (Library) | <input type="checkbox"/> Classroom 8 (Kindergarten) |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Classroom 4 (Youth) | <input type="checkbox"/> Classroom 9 (Cradle Roll) |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Classroom 5 (Earliten) | <input type="checkbox"/> Classroom 10 (Primary) |
| <input type="checkbox"/> Classroom 1 (Choir Room) | <input type="checkbox"/> Classroom 6 (Junior) | <input type="checkbox"/> COMMUNITY HALL (new) |
| <input type="checkbox"/> Classroom 2 | <input type="checkbox"/> Community Services Room | <input type="checkbox"/> NEW ADDITION CLASSROOM |

EQUIPMENT USE

PURPOSE:

EQUIPMENT REQUESTED:

SIGNATURE:
 (Printed)

SIGNATURE:
 (Written)

FOR OFFICE USE ONLY:

PRIOR TO USE

Board Approval, Date _____	Y	N	NA
Key Card Provided, Code _____	Y	N	NA
Tour of Church/Exits	Y	N	NA
Verify Liability Insurance	Y	N	NA
Wedding Application/Guidelines	Y	N	NA
Kitchen Guidelines Handout	Y	N	NA
Fee Paid, Amount: \$ _____	Y	N	NA

AFTER USE

Key Card Returned	Y	N	NA
Key Code Deleted	Y	N	NA
Damage Check Completed	Y	N	NA
Equipment Returned, Date: _____	Y	N	NA
Refundable Deposit Requested, Amount: \$ _____	Y	N	NA

BY: _____ **TITLE:** _____ **DATE:** _____