



Facility Usage Request Form

Please Submit 14 Days Before Your Event

Event
Sponsor

Contact
Person

Phone

Email

Expected Attendance #

Date of Event

TELL US ABOUT YOUR EVENT

Yes **No**

1. Is there a charge for the attendees of your event?
2. Will you need to use the sanctuary?
3. Will a sound technician be needed?
4. Will you need to use the church's instruments?
5. Will you need to use the classrooms (2 available)?
6. Will you need to use the fellowship hall?

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

What date(s)/times will you need facility?

What is the purpose of this event?

Date

Signature