

MEMBER FACILITY USE REQUEST FORM

Revised June 2010

PLEASE COMPLETE ENTIRE FORM

Name _____

Address _____

Phone _____

E-mail _____

Event Name and Description _____

Date of Request _____

Date(s) Requested _____ Start Time _____ End Time _____

(Dates may not be scheduled more than three months in advance, except with specific permission.)

Will the event be recurring:

____ One time only

____ Monthly

____ Weekly

____ Multiple days

Which day of the week: *(circle one)*

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Area(s) Requested:

Member Use Fee:

____ Worship Center

\$50

____ Education Building

\$25

____ Church Grounds (no water or electricity)

No Fee

Total Fee: _____

Cleaning/Security Deposit: **\$100** _____

Anticipated Number of Participants: _____

Will food or drink be consumed? ____ Yes ____ No

Special Needs or Requests _____

