



Church Space Utilization

Date: _____

Name(s): _____

Address:

Telephone: Home _____ Work _____

Pager _____ Mobile _____

Date Space Requested: _____

Time (Start--End): _____

Purpose (wedding, funeral, etc.): _____

Rooms requested: Sanctuary Kitchen Fellowship Hall Lower Auditorium

Other, please specify _____

Number of persons expected to attend: _____

Amount enclosed: _____

I have read the Event Agreements and understand all terms, conditions, and fees that may apply. Further, I certify that all the above information is accurate and understand that any misrepresentation of any information may result in my request being unapproved.

Signature of applicant

Date

RETUN COMPLETED FORM TO: CHURCH OFFICE

Office Use Only

Date: _____

Approved

Disapproved: Reason _____

Turn Key _____ Pastor _____