

Facility OR Equipment Use Request Form

Please return completed form to the Church Office **2 weeks in advance** to confirm your reservation

Name: _____ Date: _____
(Group or Individual requesting use)

Address: _____

Phone #: _____

Date(s) Requested: _____ If recurring, Start Date: _____ End: _____

Time of day: Begin: _____ End: _____

Member or regular attender who will be present (If any): _____

- I have access to the building (key)
- I will need access to the building

Please explain activity to be held:

Estimated number of people involved: _____

Facilities Needed- Check all the rooms you plan to use:

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Nursery	<input type="checkbox"/> Weight Room
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Church Lobby	<input type="checkbox"/> Class Rooms
<input type="checkbox"/> Gym Kitchen	<input type="checkbox"/> Parking Lot	How many? _____
<input type="checkbox"/> Gym Stage	<input type="checkbox"/> Coffee Shop	

Equipment Needed- Check all the rooms you plan to use

<input type="checkbox"/> TV/VCR/DVD	<input type="checkbox"/> Auditorium Sound system	<input type="checkbox"/> Boombox
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Gym Sound System	<input type="checkbox"/> Media Shout
<input type="checkbox"/> Tables-	<input type="checkbox"/> Chairs-	
How many Round? _____	How many padded? _____	
How many 6Ft? _____	How many metal? _____	

The person/organization requesting the use of the church facilities hereby absolves the church, its pastors, leadership, Members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and or equipment and agrees to be responsible for any property damage that results during the use of the facilities or equipment. Please report any damage to the church office promptly.

The group or individual using the facility or equipment is responsible for set up, clean up, and return to normal set up of the facility or putting the equipment back in the right place.

Signature of Responsible Party

Date: _____

For office Use Only:

Approved By: _____ Date: _____

custodian Office Building Pastors Other Ministry Coordinator