

REQUEST FOR THE USE OF SPACE

Event _____

Name of Organization/Group _____

Contact person's name _____

Telephone (Day) _____ (Eve) _____

Address _____

Name of sponsoring member or committee: _____

Space desired: ___ Kitchen (state purpose) _____

___ Sanctuary; ___ Vestry;

___ Lower Level "Friendship Room";

___ Upstairs Room;

___ Entire Church

Size of group expected _____ Number of children expected _____*

*Complete a Child Supervision Policy Form

Date(s) of intended use _____

Arrival time _____ Departure time _____

Purpose of event _____

Proposed charge for admission? _____

Use of church sound equipment? (Deposit required) _____

Office Use Only: Entered onto master calendar _____