FACILITY USE REUEST FORM

Please return completed form to Jeff Morgan as far in advance of date requested as possible to confirm your reservation.

			Date:	
	Group or Individ	dual requestino use	_	
Address:			Phone:	
Date(s) Reques	ted:	If recurring:	Start Date	End Date
Time of Day:	Begin:		End:	
Member or reu	ılar attender who v	will be present:		
*Facilities need	ded (Please circle a	II rooms you plan to use:)		
Worship Cente	nter Fellowship H		all	
Kitchen		Class Rooms		
7 *Equipment ne	eded: (Please circl	e needed items)		
TV/DVD		Sound System		
Coffee Pot(s)		Overhead Projector		Other:
Estimated num	ber of people invo	lved:		
Pastors, leader resulting from	ship, members, or the use of the chur	ng the use of the Church I people of any liability for ch facilities and agrees to se of the facilities. Please i	personal inj be respons	ury to any individual ible for any property
of the facility.	ndividual using the	facility is responsible for s	set up, and ı	return to normal set up
	Signature of Respo	nsible Party	-	Date:
	Approved	by:	_	Date