

REQUEST FOR USE OF FACILITIES
at

(Name of Church)

Requesting Organization _____

Current Address _____

Type/Location of Space Requested _____
(e.g. Sanctuary, Fellowship Hall, Classroom, Kitchen)

Brief Description of Your Organization _____

Contact Person _____

Contact Information _____ (Phone)

_____ (Email)

Anticipated Frequency and Duration of Space Usage _____

Insurance Coverage (amount of coverage and name of insurer) _____

If request for space utilization is approved, a representative of the church will meet with you to discuss financial arrangements and a covenant agreement. At that time additional documents may be required.