

APPLICATION FOR USE OF FACILITIES

1.	Today's Date		10. Event Type
2.			11. Date(s) of Use
3.			
4.	Street Address		13. Time Rental Ends*
5.	City / State / Zip		14. Total Rental Hours
6.	Mobile Phone		15. Time Event Begins
7.	E-Mail		*Include setup and cleanup time
	Person in Charge (if other tha		
8.			
9.			
Event Details 20			20. Room Setup Needed? YES □ NO □
16.	5. Number of Attendees		21. Setup Details (enter quantity where applicable)
17.	7. User Type 🔲 Nonprofit 🔲 For-Profit 🔲 Member		☐ Round Tables
18.	8. Will User Collect Fees or Tuition for Event? YES NO If YES, Amount Collected per Person 9. Space Requested (S-Small, M-Medium, L-Large) Lower Level Room 54 - M Room 55 - L Room 58 - S Memorial Hall - L		☐ Rectangular Tables
			-
19.			Chairs
			□ TV/DVD
			Additional information
	Main Floor ☐ Conference Room - S	☐ Parlor - M	
	☐ Library - M	☐ Sanctuary - L	
	☐ Fellowship Hall - L	☐ Fellowship Hall Loft - L	
	☐ Fellowship Hall w/Kitchen	•	
	Second Floor		
	☐ Room 201 (Nursery)		Office Use Only
	Third Floor		
	☐ Room 301 - L	☐ Room 303 - S	
	□ Room 308 - M	☐ All Third Floor - L	
	Parking Lot/Grounds ☐ Parking Lot/Grounds only		