

BUILDING USE REQUEST

Group Name

Event:

Group Leader

Phone #

Cell #

Opener for Group: Person responsible for opening the facility will be issued a key-fob instead of a physical door key. This individual is responsible for opening the church for your event and disarming appropriate alarms; as well as securing the facility and rearming alarms at the end of your event. The security system will program a **designated entrance door** to automatically **UNLOCK** and **LOCK** when activated by the key-fob.

Name:

Phone #

Cell #

SCHEDULING DETAILS

ONE TIME Event/Meeting

RE-OCURRING EVENT/MEETING (complete shaded portions)

DATE REQUESTED:

Specific DAY ea Month: _____ (12th, 15th, etc) **Circle MONTH(s)**

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

TIMES

SET-UP _____ AM / PM

START _____ AM / PM

END _____ AM / PM

WEEKLY

Circle Day(s) of week

Mon Tue Wed Thurs Fri Sat Sun

Circle Week(s) of months

1 2 3 4 5

DATES

1st meeting: _____

Last meeting: _____

TIMES

Set-up: _____ AM / PM

Start: _____ AM / PM

End: _____ AM / PM

Complete following information for ALL events

Maximum # expected:

Adults: _____

Children: _____

If your group attendees are primarily children/youth (i.e. scouts), list age group:

Please check any additional services you need:

Tables and Chairs

____ # Tables ____ # Chairs

Audio/Sound (give details below)

Video (give details below)

Kitchen equipment (give details below)

Other comments about your group or event: (attach page if necessary)

Requested by

(Signature): _____ **Date Submitted:** _____

Mailing Address:

Email:

