



Facility Usage Agreement

Date Request Submitted: _____

Name of Person Requesting Use of Facility: _____

Address: _____ Phone: _____

Firm or Institution you are representing (if applicable): _____

List room number(s) you are requesting to use: _____

Name or description of event: _____

Date(s) & times room(s) requested:

____/____/____
Date

_____ - _____
Start Time End Time

____/____/____
Date

_____ - _____
Start Time End Time

I have read the Facility Use Policy and agree to abide by it. Arrangements for after-hours access to the building must be made in advance during regular office hours.

Signature of Individual Submitting Request: _____

Office Use Only:

Damage Deposit: _____ / _____ / _____ / _____
Amount Paid Date Received Check No. Date Refunded

Usage Fees Due: _____ Fees Paid: _____ / _____ / _____
Amount Amount Paid Date Received Check No.

Form Received By: _____
Date Received: _____
Confirmation Sent: _____

Approved By: _____ Pastor
Approved By: _____ Bldg/Grounds Super.
Staff Mtg Approval: _____ Date