

Request for Building Use

Revised 10/4/05

Date Request Submitted _____

Name of Event/Group: _____

Date(s) of Event: _____

Reoccurring Event: Beginning Date: _____ Ending Date: _____

Weekly _____ Monthly _____

Circle Day: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Event Time: _____ End Time: _____ Set-Up Time: _____

Contact Person: _____

Daytime Phone # _____ Home Phone # _____

Rooms Requesting:

Fellowship Hall _____ Chapel _____ Kitchen _____ Library _____ Sanctuary _____

Classroom# _____ Parsonage _____ Other _____

Number of Guests Expected _____

Will You Need?

Tables _____ Chairs _____

Paper Goods? _____

AV Equipment? TV/VCR _____ Overhead _____ Tape/CD Player _____

Sound Needed? Please complete a Sound Form

Other _____

- ***Please - Limit your meetings/events to your assigned areas.***
- ***Please - Leave the facility the way you found it. (including tables & chairs)***
- ***Please - Children must be supervised at all times.***

Need to Borrow from FCC?

(How Many) Tables _____ Chairs _____ Other _____

Date needed _____ Date returning _____

Signature