

FACILITIES USE/RENTAL REQUEST FORM

**Room(s) Requested:**

* Welcome Center
* Sanctuary
* Prayer Room
* Fireside Room
* Gymnasium
* Classroom #11
* Ignition Classroom

**Date of Event:**

**Start Time** (include time for set-up):

**End time** (include time for clean-up)**:**

**Event Name/Description:**

**Number of people expected to attend the event:**

**Will you be using our tables and chairs?** (You are responsible for setting up & taking down)

**Are you planning to serve alcohol** (beer & wine only) **at the event?**

**Will there be any outside ‘vendors’ at the event?** (food truck, DJ, ect.)

**Request submitted by** (name): **on** (date)

**Requestor’s phone #: Email Address:**

**Request approved by** (name): **on** (date)