SANTA YNEZ VALLEY PRESBYTERIAN Church

CAMPUS FACILITIES USE/RENTAL APPLICATION

☐ **One-time use** ☐ **Recurring use**

Date(s) Requested ***(if a recurring event, list dates for up to one year)*****:**

_____

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

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

Estimated number of attendees: _____

Room(s) Requested:

- ☐ Welcome Center/Holy Grounds
- ☐ Sanctuary
- ☐ Fireside Room
- ☐ Gymnasium
- ☐ Other: _____

Event Description ***(please be as detailed as possible):*** _____

_____

_____

_____

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

Will any outside service providers be participating at the event? ***(Clergy, catering, tech, etc.)*** _____

If yes, please list the providers' name and contact information: _____

_____

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

Requestor's phone #: _____ **Email Address:** _____

[For Church staff &/or Elders use only]

This Request is…

- ☐ Approved
- ☐ Denied

Signature: _____ **Date:** _____

Notes: