

FACILITY REQUEST



Requesting Ministry/Organization: _____

Ministry Leader/Contact : _____ Contact Phone: _____

Title of Function: _____ #of People Attending _____

Facility Requested: _____
1st Choice

2nd Choice

Date Requested (List multiple dates below): _____

School Principal's Signature (required for school facilities during school day): _____

Set Up Start Time: _____ Clean Up Time: End _____

Start Time of Activity: _____ **End Time of Activity:** _____

Send Confirmation (Email, fax #, or Mail): _____

Multiple Dates Request:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office use Only:

Available _____ Not Available _____ Date Checked _____ By _____