

Request for Use of Facilities
Community Mennonite Church of Lancaster

Submit form to church office. A signed copy will be returned to you for your records

Event description:

Area/room requested:

Requested date/time for single event:

Requested dates/times for recurring event:

Number of persons expected at event:

Use requestor's name & address:

Telephone/s Home:

Work:

Cell:

E-mail address:

Please check preferred contact method above

Responsible adults' names:

(2 Adults must be present at every event if anyone in facility is under age 18)

Fee: \$

(payment required before key fob checkout)

Date paid:

Payment Schedule (for recurring events):

Date Child Safety Guidelines provided:

Anyone under 18 yrs. attending? Y or N

Safety person may contact me by: (check preferred method) Phone email in person

CMCL sound system (mics) will be used: Y or N If yes, \$20/hr fee payable to:

Technician's name:

(office coordinator will provide name.)

Notes/Things agreed to but not already stated:

I/we agree to follow General Guidelines & Procedures, and Cover Your Tracks as outlined in documents provided:

Signature of Use requestor: _____

and two responsible adults: _____

Office coordinator: _____ Date: _____