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

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| --- |
| 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? Yor N

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

CMCL sound system (mics) will be used: Y  or N  If yes, $15/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

andtwo responsible adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: