



FACILITY USE REQUEST FORM

NAME OF EVENT OR GROUP:	PRIMARY CONTACT:
PHONE:	EMAIL:
DATE(S) REQUESTED:	ESTIMATED ATTENDANCE:
BEGINNING TIME (including setup):	ENDING TIME (including clean-up):
SPECIAL NEEDS (Audio, Setup, etc):	
DESCRIPTION OF YOUR EVENT:	
AREAS REQUESTED (circle all that apply)	
Main Auditorium	Kitchen
The Cafe	Sound Tech
Gym	Youth Room

I have read the facility use policies and I agree to the stated terms, conditions and policies. I understand that a 25% non-refundable deposit is due at time of reservation and the additional balance is due one week prior to event.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_