

Facility Use Application

New Life Community Church

Date Submitted: _____ Date of Event(s) _____

Event Description: _____

Responsible Party: _____ Phone #: _____

Event Time: From _____ to _____ Set-up Time: From _____ to _____

Number of Adults Expected: _____ Number of Children Expected: _____

If childcare needed, please contact Childcare Coordinator (Peggy Hasart – 734-4496)

Rooms Requested:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Auditorium ♠ | <input type="checkbox"/> Rm #1 | <input type="checkbox"/> Rm #2 |
| <input type="checkbox"/> Rm #3 | <input type="checkbox"/> Rm #4 | <input type="checkbox"/> Rm #5 |
| <input type="checkbox"/> Rm #6 | <input type="checkbox"/> Rm #7 | <input type="checkbox"/> Rm #8 |
| <input type="checkbox"/> Conference Rm | <input type="checkbox"/> Unit #110- Authorized Signature _____ | |

Name of Staff Contact responsible to open/close building: _____

By signing this form you agree to check the building for the following at time of closing:

- † Rooms returned to their original state (tables & chairs)
- † Trash cans emptied and relined (trash emptied in dumpster)
- † Childcare rooms vacuumed
- † Lights turned off
- † Doors - exterior & interior doors locked
- † Heat/Air conditioning turned off
- † Alarm Set

Will admission be charged: Yes No If yes, prices: _____

Will donations be accepted: Yes No If yes, explain: _____

Will any food or beverages be served: Yes No
If yes, what/where: _____

Will anything be sold or solicited during this event: Yes No
If yes, contact the church office for details.

Comments: _____

♠ Please complete “Auditorium Set-Up”
on back page.

Office Use:
Date approved: _____
Approved By: _____