

Facility Rental Request Form

Renter Information Name______ Phone_____ Fax_____ Address_____ City_____ State___ Zip____ Eamil____ **Event Information** Event Date_____Time of Event: Start_____ End Name of Event_____Supporting Organization_____ Expected Attendance_____ Set-up Date_____ Time____ **Rental Location:** __ Room 107/108 Sanctuary Room 104 Room 109 (Nursery) Room 105 Room 110 Room 106 * Kitchen is included **Equipment Needed:** __ PA System __ Projector __ TV __ VCR Applicant Signature: ______Date: _____ Office use only Sponsor Party: □ Pastoral □ Ministry □ Cell Zone □ Other Purpose: ☐ Teaching ☐ Training ☐ Workshop ☐ Prayer Meeting ☐ Other Rental Fee Exempted: ☐ Yes ☐ No