

Southside Church of Christ

Facility Usage Request

Today's Date: _____

Purpose of Event:			# of people expected:		
Date(s):		Day of Week(s):		<input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Reoccurring Events:	First date:	Last Date:	Exceptions:		
Event Set up time:	Start Time:	End time:	Post cleanup end time:		

Name of Organization		
Contact Person:		
Home Phone:	Other:	Email:

Rooms Requested:		
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Meeting/Conf Room	<input type="checkbox"/> Classroom
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Nursery	<input type="checkbox"/> Other _____
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Multi-Purpose Room	<input type="checkbox"/> Other _____

Services Requested:		
<input type="checkbox"/> Sound/Media Technician	<input type="checkbox"/> Microphones # _____	<input type="checkbox"/> Overhead <input type="checkbox"/> TV/VCR <input type="checkbox"/> PowerPoint
<input type="checkbox"/> Other _____		

Fees:
Certain services may require additional fees. Once your request has been approved, the Facility Coordinator will review the fees, rules and regulations for usage of the facility.

Send Form Via Email
 Send a copy of this document in an email message with attachment to geraldw2@comcast.net
 OR
 Print completed form and fax to the Church Office at 206.723.4599

Approval – Office Use Only	
Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Waiver Needed Approved by _____ on _____
Fees: Facility Use _____	Payroll Expenses _____ Sound _____
Approved By: _____	Approved By: _____