

**Church of the Master
Facility Use Application
Church Member/Group**

Event Date: _____ **Group Name:** _____

Person completing this form:

Name: _____ Phone: _____

Address: _____

Email Address: _____

Person in charge during event:

Name: _____ Phone: _____

Address: _____

Email Address: _____

Event Information:

Arrival/Setup Time: _____ Event End Time: _____

Event Start Time: _____ Departure Time: _____

Event Description: _____

Estimated Number of Attendees: _____

Requested Space: (Check all areas needed per event)

Sanctuary _____ Chapel _____

Narthex _____ Classroom (specify) _____

Sound System _____ Wagoner Hursh _____

Video System _____ Nursery _____

Kitchen _____ Outside area (specify) _____

Fellowship Hall _____ **** Tables/Chairs Needed _____ ****

Gym _____ ****(If checked, Event Setup Form is Required)

Will equipment be delivered? Yes _____ No _____ If Yes, Please describe _____

Guidelines:

- Please list one event per form.
- If tables/chairs are needed, please fill out the Event Setup Form also.
- Forms must be submitted to the church office in person or via fax or email.
- Please notify the church immediately if the event is canceled or changes occur in the time/date.
- Please notify the church immediately if changes occur in the size of the event or the space.
- All requests will be based on the current schedule of date availability and cannot be guaranteed.
- Church events have priority over outside events in case of date/time conflicts.
- Dates are not considered reserved until approved by the Board of Trustees or the Pastor.

**Applicant
Signature:** _____

**Date of
Application:** _____

**Church of the Master
Facility Use Schedule
For Church Members/Group**

For Church Office use only

Added event to calendar as Pending: _____ (initials/date)

Facility Use Application Approval: _____ (approved by/date)

Sound: _____ (name) _____ (amount)

Video: _____ (name) _____ (amount)

Other: _____ (name) _____ (amount)

Other: _____ (name) _____ (amount)