

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

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

Person completing this form:

Name: _____ Phone: _____

Address: _____

Person in charge during event:

Name: _____ Phone: _____

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	_____	East Fellowship Hall	_____
Narthex	_____	West Fellowship Hall	_____
Wagoner Hursh	_____	Gym	_____
Chapel	_____	Classroom (specify)	_____
Nursery	_____	Outside area (specify)	_____
Kitchen	_____	Tables/Chairs Needed	_____****
Sound Needed	_____	Video Needed	_____

****(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 required.
- Please notify the church immediately if changes occur in the size of the event or the spaces required.
- 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 in consultation with the Administrative Secretary.

Applicant

Signature: _____ **Date of Application:** _____

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

For Church Office use only

To Be Completed by Office

Date/Time Approval: _____ (Initials/Date)

Added to calendar as Pending: _____ (Initials/Date)

Approval:

Facility Use Application Approval:

_____ **Date:** _____
(Pastor or Board of Trustees)

Setup:

Sound: _____ (name) _____ (amt)

Video: _____ (name) _____ (amt)

Custodial/Security: _____ (name) _____ (amt)

Setup: _____ (name) _____ (date)