

CLIFTON PARK CENTER BAPTIST CHURCH

REQUEST FOR USE OF CHURCH FACILITIES

Date Submitted: _____ Submitted By: _____

Request Use Of:

- | | |
|--|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Multi-purpose Room |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Other: _____ | |

Date(s) and Time(s) Needed: _____

- One Time Use
 To Be Used Multiple Times

Call church secretary (371-6023) to verify time(s) available on church calendar?

YES NO

Facilities To Be Used For What Purpose? _____

Using Group Name: _____

Contact Person's Name, Address and Phone Number: _____

Will Children Be On the Premises During This Function? YES NO

If Yes, who will supervise them? _____

If This Is a Non-Church Group:

Is There a Church Member Sponsor For the Group? YES NO

If Yes, please list sponsor's name, address and phone number: _____

Please attach a "Certificate of Insurance" with liability limit of at least \$100,000 (standard form available from your group's or personal homeowner's insurance carrier).

Insurance Company, agent/contact name & phone: _____

Who will be responsible for opening and securing the facility for this event?

Who will be responsible for modifying and restoring the facility if modifications are required?

COMMENTS/ADDITIONAL INFORMATION (use other side if necessary): _____

FOR TRUSTEES' USE ONLY

APPROVED

NOT-APPROVED

NEED MORE INFO

DATED: _____

BY: _____