

# FACILITY RENTAL REQUEST



Name of person or organization: \_\_\_\_\_

Church In The Son affiliation:

Member       Non-Member       Non-Member Group/Organization

Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the requested use is by an organization not affiliated with the church, please briefly state the organization's purpose and mission:

\_\_\_\_\_  
\_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Office Holders and Leaders:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Name: \_\_\_\_\_

Facility Request Date: \_\_\_\_\_

Actual Event Start/End Time: \_\_\_\_\_

Total Rental Time Requested: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Rooms Needed: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

**This is not a rental contract. Requested dates are not reserved until 20% deposit is received with a signed Facility Rental Agreement. All events must comply with the Church Facility Guidelines. Church Facility Guidelines must be signed and submitted with this form.**