

APPLICATION FOR USE OF CHURCH FACILITIES

Name:		Telephone:			
Organization:					
Address:					
Facility Requested:					
	Fellowship Hall		Sanctuary		
	Basement		Education Room		
	Library		Other:		
Date and Time Requested:					
	Once		Weekly		
	Monthly		Other		
Certificate of Insurance Required:			Yes		No
Deposit Amount:			Received:		
			Returned:		
Usage Fee:			Received:		
Key Given:			Key Returned:		
Notes:					
Assigned Trustee:					