ECCLESIA CHRISTIAN FELLOWSHIP revised 01/16

# *USE OF FACILITIES/CALENDAR REQUEST FORM*

**Event:** _____

**Date of Event:** _____

**Time of Event:** _____

Ministry: _____

Name of Requestor: _____

Today's Date: _____

Contact phone: _____

Contact email: _____

Rehearsal time: _____

Designated clean-up crew:
_____
_____
_____

Number of expected participants: _____

Key# issued: _____
Key returned: _____

**I have Executive approval from _____ (Executive Initials _____ )**

**Is promotional advertising needed? YES _____ NO _____**

## *Facility Requested*

☐ Sanctuary ☐ Fellowship Hall ☐ Youth Worship Center ☐ Blakely Community Center

☐ Conference Room ☐ Classroom(s) _____

☐ Pantry (key issued upon prior approval) ☐ Kitchen

Instructions:_____

Other ministries you will need assistance from: (please circle)

Ushers Video Audio Security Maintenance (Air/Heating)

☐ **Approved** ☐ **Denied** ☐ **Annual Calendar** ☐ **Maintenance notified**

**date checked** _____

**Facility Manager's Signature**: _____ **WCC input by** _____ **on** _____