

**CALVARY EVANGELICAL FREE CHURCH**

**FACILITIES USE REQUEST**

Today's Date: \_\_\_\_\_ Your CEFC Box Number: \_\_\_\_\_

Person Responsible for Function: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

Approximate Number Attending Event: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

**Time of Event:** Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**Time Room Needed:** Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Rooms Needed:

- |                       |                     |
|-----------------------|---------------------|
| _____ Sanctuary       | _____ Nursery Room  |
| _____ Fellowship Hall | _____ Class Room    |
| _____ Gymnasium       | _____ Class Room    |
| _____ Kitchen         | _____ Other - _____ |

Additional Comments: \_\_\_\_\_

**USAGE POLICY**

I have read the Calvary Evangelical Free Church Usage Policy and agree to abide by it while using the facilities of Calvary Evangelical Free Church.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FINAL APPROVAL OF EVENT IS SUBJECT TO SIGNATURES OF ALL OF THE FOLLOWING:**

- |                          |            |
|--------------------------|------------|
| _____ Church Office      | Date _____ |
| _____ Senior Pastor      | Date _____ |
| _____ Youth Pastor       | Date _____ |
| _____ Worship Pastor     | Date _____ |
| _____ Facilities Manager | Date _____ |