

Facility Request Form For Summit Groups

*This form is to ensure there are no conflicting calendar dates.

Event:

Requestor's Name:

Phone Number: _____

Email Address: _____

Date(s) of Requested Use: _____

Time of Requested Use: _____

Facility/Room Requested

(Please select all that apply)

Sanctuary___ Fellowship Hall___ Classroom(s)___ Kitchen___

Outdoor Space (Specify area, if needed)_____

Other (Please specify): _____

Purpose of Event:

Expected Number of Attendees: _____

On Church Calendar ___/___/___

By: _____

Office Manager