



# REQUEST FOR USE OF FACILITIES

## SANDIA PRESBYTERIAN CHURCH

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

Date requested: Su M Tu W Th F Sa \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

Repeats:  Weekly  Monthly ( every 1st 2nd 3rd 4th )

Time of event: \_\_\_\_\_ am / pm \_\_\_\_\_ am / pm  
Start time End time

Number of people expected to attend: \_\_\_\_\_

Room(s) requested 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Set up & equipment needs: \_\_\_\_\_

\_\_\_\_\_

Will you require: Kitchen access ? Y / N Help with sound or video ? Y / N

Title of event to be included on calendar ( Y / N ) : \_\_\_\_\_

Is this a staff-led event ? Y / N If yes, which staff are involved ? \_\_\_\_\_

**If this is not a staff-led event, please provide the following information.**

**Requested by /  
contact person**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
E-mail Phone

I received a copy of the *Facility Use Policy* and agree to the terms within.

Approved by:  Facilities Manager  Business Manager  Pastoral Staff

\_\_\_\_\_  
Name / Initial Date

Fee: \$ \_\_\_\_\_