

**Niles Discovery Church
Facilities Use Request – Church Program**

Please complete this form and return to the Office Administrator.

Date of Facilities Use: _____ Set-up starting at: _____ Clean-up finished by: _____

Program Begins at: _____ Program ends at: _____

If this is a recurring program explain frequency of recurrence: _____

Name of Program: _____

Purpose of Use: _____

Sponsoring Group/Person: _____

Primary Contact: _____

E-Mail: _____ Phone: _____

Address: _____

Requestors Position in Group: _____

Secondary Contact: _____

E-Mail: _____ Phone: _____

Number of people expected: _____ Will food be served? _____

Do you want to use: the piano? _____ the organ? _____ the church's AV equipment? _____

Who will be cleaning and locking the church after use? _____

Rooms you want to use:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Room 2 |
| <input type="checkbox"/> Fellowship Hall & Kitchen | <input type="checkbox"/> Room 3 |
| <input type="checkbox"/> Room 1 | <input type="checkbox"/> Room 4 |

FOR OFFICE USE ONLY

Room(s) available

Program placed on calendar

Program already on Cabinet's Church Program list **OR**

This program added to Cabinet Agenda and a copy of this form given to the Pastor

Program approved by Cabinet

Requester notified of use approval/denial

Key was not needed OR

Key issued to _____ on _____

Key form completed and filed

Key issued noted on spreadsheet

This form filed as appropriate

Key returned

Key deactivated