



St. Paul CME Church
1601 Barnard Street
Savannah, GA 31401
(912)233-2849 Phone (912)233-2849 Fax
Email: stpaulcmesavannah@gmail.com
Rev. Da'Henri R. Thurmond, Sr. – Pastor

FACILITY USE REQUEST FORM
(FOR Non-Membership Events Only)

All requests must be submitted at least 30 days prior to the planned event(s).

All requests for use of facilities must be submitted to the Chairperson of the Trustee Board through the Church Office on the form in order to be processed.

PLEASE NOTE: Members who desire to use St. Paul Facilities for “non-membership events” must use this request form.

Today's Date _____

Organization or Person requesting use of facility _____

Type of meeting or event _____

Date(s) Requested

Times(s) Requested:

From _____ To _____

From _____ To _____

From _____ To _____

Requested Facility: (Please indicate 1st and 2nd choices)

____ Sanctuary

____ Social Hall & Kitchen

____ Social Hall Only

Anticipated number of persons attending meeting/event: _____

Name of Organization/Auxiliary Contact Person: _____

Address _____

Work Telephone Number _____

Home Telephone Number _____

Email _____

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To be completed by St. Paul CME Church Board of Trustees

Request Approved Date: _____

Request Not Approved Date: _____

Reason Request Not Approved: _____

Approved or Not Approved use of facility confirmed with requested party:

By _____

Date _____