



PO Box 980 Coldspring, TX 77331

Facility Use Request Form

Please Print

Name _____

Contact Person _____

Address _____

Telephone Day _____ Evening _____

Email _____

Purpose of Event _____

Date Requested _____ Time _____

Signature of responsible Party _____

Date _____ Deposit Received _____

*By signing this form you acknowledge you have read the General Conference Room Policy and agree to comply with all requirements. Deposits will be returned after the room is inspected by office staff.