



Shorewood

Church of God

FACILITY USE REQUEST

Form should be submitted at least two weeks prior to the event.
Please turn in completed form to the church office.

Name of Group or Event: _____

Date(s) Requested: _____

DESCRIPTION OF YOUR EVENT:

Estimated Attendance: _____

Beginning Time (including set up): _____ Ending Time (including clean up): _____

AREAS REQUESTED (check all that apply):

_____ Sanctuary

_____ Conference Room

_____ Lobby

_____ Blue Room

_____ Purple Room

_____ Yellow Room

_____ Kitchen/Resource Room

_____ The LOFT

PRIMARY CONTACT PERSON:

Name: _____

Phone: _____

Name: _____

Phone: _____

Special Needs: (Setup, Audio, Video, Cleaning, etc) _____

I have read the facility use policies and I agree to the stated terms, conditions and policies. I understand that a 25% deposit is due (when applicable) at the time of reservation and the additional balance is due one week prior to the event.

Signature: _____

Date: _____