

Facility Rental Application

Please return completed form to the church office as far in advance of date requested as possible to confirm your reservation.

1. Name: _____
(Individual or Group)

2. Address: _____ Phone #: _____

3. Date(s) Requested: _____

4. Time of Day: Begin: _____ End: _____

5. Facilities Needed: *(please refer to fee schedule for times and cost)*

Gym

Big D

6. Inflatables: *(please refer to fee schedule for cost)*

Bouncy House

Obstacle Course

7. Setup:

Chairs # of chairs needed: _____

Tables # of tables needed: _____

8. Please explain activity to be held:

9. Estimated number of people involved: _____

Signature of Responsible Party *(Please type your First & Last name)*

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

For Office Use Only:

Approved by: _____

Date: _____

Deposit received: _____

Final payment received: _____