

SHALLOWFORD PRESBYTERIAN CHURCH FACILITIES USE REQUEST

ONE-TIME USE	EVENT TIME _____	TOTAL TIME _____	EVENT DATE _____
	(Show start & finish times for actual event)	(Show total time needed, including set-up & clean-up)	
ON-GOING USE	DAILY WEEKLY MONTHLY (Please circle one)	TO BEGIN ON (DATE): _____	
		TIME: _____ (Show start & finish times)	

REQUESTOR _____
(name of individual, group, or organization)

PURPOSE: Please indicate the purpose of the proposed meeting or activity, showing, if possible a relationship to the mission of Shallowford Presbyterian Church. If the activity is for-profit or for fund-raising, please describe how the profits or funds will be used.

KITCHEN: If requesting the use of the kitchen, please list name and phone number of caterer or other food service representative. List type of food/beverage service planned. Unless SPC's caterer is used, the kitchen may only be used to refrigerate or reheat prepared foods and to prepare platters for service.

ROOMS, PROPERTY, AND/OR EQUIPMENT NEEDED

ROOMS	PROPERTY	EQUIPMENT
Sanctuary	Playground	
Chapel	Pavilion	
Great Hall	Ball field	
Heritage Hall	Other (please list below)	
Kitchen		
Other (please list below)		

CONTACT _____	DATE OF REQUEST _____
TELEPHONE _____	EMAIL _____
CELL PHONE _____	OTHER CONTACT _____
ADDRESS _____	

STAFF AND COMMITTEE RECOMMENDATIONS

STAFF will consider request and submit to Local Missions if required.

Does this event conflict with any SPC policy? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this event conflict with any SPC activity? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
If approved, please list any restrictions to facility use.
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <p style="text-align: right;">_____</p> <p style="text-align: right;">STAFF REPRESENTATIVE</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">DATE</p>

THE FACILITY USE COMMITTEE (a Local Missions committee) will consider request and return written response to Administrator within a week of a scheduled committee meeting.

Does this event conflict with any SPC policy? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
If approved, please list any restrictions to facility use.
If approved, please list all rental and maintenance fees requestor must pay, giving details as necessary.
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <p style="text-align: right;">_____</p> <p style="text-align: right;">COMMITTEE REPRESENTATIVE</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">DATE</p>