

BUILDING USE FORM

Name of Ministry: _					
•	You Are Requesting: □ Fellowship Hall □ Cl	ass Room	□ Zoom	□ Outdo	ors
Signature of Ministry Director:					
Phone number(s): c	ell_ ASSIGNMENT WILL ONI	oth Y BE DONE	er: BY THE OFFIC	DE.***	
	PURPOSE FOR E	BUILDING US	E		
□ Ministry Meeting □ Community Event □ Other:					
Event Start Time: AM PM End Time			9	AM	РМ
On the day of my event, I would like to arrive at:				AM F	PM
Preparation/Set-Up Set-Up Date (If App Set-Up Start Time:	o Information: licable):AM PM httending:	Set-Up End	Time	AM	PM
	e set-up to receive the atte				
□Tables & Chairs	□ Chairs Only	□ No T	ables or Chair	S	

SIGNATURE OFFICE APPROVAL : _____