

Flossmoor Community Church - Facility Use Form

Date of Event*: _____ **Time:** _____ am/pm to _____ am/pm

Program/Activity: _____

Organization: _____

***List Additional Days/Dates Here** (ex: 1st Monday of the month, weekly until, etc.):

Facilities Requested:

<input type="checkbox"/> Community House	<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Sanctuary
<input type="checkbox"/> Family Room	<input type="checkbox"/> Bell Chapel	<input type="checkbox"/> Parlor
<input type="checkbox"/> Others (please list)		

Number of Attendees _____ **Church Event** **Non-Church Event**

Contact: _____ **E-Mail Address:** _____

Preferred Phone: (_____) _____ - _____

Address: _____
(Street, City, State, Zip)

Custodian Requested: Yes / No

Additional Requirements:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Kitchen <input type="checkbox"/> Chairs #needed _____ <input type="checkbox"/> Tables #needed _____ <input type="checkbox"/> Registration Table <input type="checkbox"/> Podium, microphone needed? _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Easel, paper needed? _____ <input type="checkbox"/> Video Monitor <ul style="list-style-type: none"> <input type="checkbox"/> with DVD <input type="checkbox"/> with AppleTV <input type="checkbox"/> with HDMI <input type="checkbox"/> other _____ |
|--|--|

*** Please attach room set-up info and diagram *** Check if NONE needed

I understand that the room will be arranged and available no more than 15 minutes prior to meeting time unless additional set up time is requested). Additional rental fees may apply for advance day set up. Activities are to be restricted to assigned room only. Our group will be responsible for the care of the space and furniture used. The room will be returned to its original condition at the end of our meeting. I also understand that church activities take priority over other outside activities, and that our activity may be cancelled in the event of a conflicting church activity.

Room Fee:	Check #:	Date Received:	Received By:

Please continue to back

Signature _____

Date _____

Room Fee:	Check #:	Date Received:	Received By:

Please continue to back