

LAKESIDE FAMILY CHURCH
FACILITIES USAGE FORM

Date of Submission: _____

Name: _____ Phone Number: _____

Start Date of Event: _____ End Date of Event: _____

Event that is taking place: _____

What rooms(s) requested:

Cafe _____	Adult Class Room _____
Kitchen _____	Children's Class Room _____
Sanctuary _____	Outdoors _____
Other: _____	

Equipment requested:

White tables: how many? _____	Projector _____
Extra chairs; how many? _____	Additional electric _____
Sound system _____	
Other _____	

I understand that I may not receive the time/location desired. Every attempt will be made to accommodate my request. By signing I agree to the following:

- ___ I will clean up after my event
- ___ I will lock doors and reset alarm
- ___ I will turn in key upon completion of event
- ___ I will let the Church Office know of any damage caused

Signature: _____ Date: _____

Approved By: _____ Date: _____

Entered GC By: _____ Date: _____

Checked In By: _____ Date: _____

Additional Notes: