



APPLICATION FOR USE OF FACILITIES

Date of Application: _____

Date(s) Facility Requested _____ Time:: _____ until _____

Name of Requesting Organization _____

Non-profit? Yes ___ No ___

Person Making Request _____

Address _____

Email address _____

Work Phone _____ Cell Phone _____ Home Phone _____

Purpose of meeting(s): _____

Planned Attendance _____

<u>Room/Space Preference</u>	<u>Equipment</u>
<input type="checkbox"/> Kairos Room/ <input type="checkbox"/> Kitchen	<input type="checkbox"/> Tables (# of ___ long/ ___ round)
<input type="checkbox"/> Gathering Space/ <input type="checkbox"/> Kitchen	<input type="checkbox"/> Chairs (# _____)
<input type="checkbox"/> Fireside Room/ <input type="checkbox"/> Kitchen	<input type="checkbox"/> Overhead Projector
<input type="checkbox"/> Gym/ <input type="checkbox"/> Kitchen	<input type="checkbox"/> Mobile projector
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Mobile Projector
<input type="checkbox"/> Banquet Room	<input type="checkbox"/> TV
<input type="checkbox"/> Choir Room	<input type="checkbox"/> Sound System
<input type="checkbox"/> Classroom	<input type="checkbox"/> Handheld mic (# _____)
<input type="checkbox"/> Nursery	<input type="checkbox"/> Mic on a stand(s)
<input type="checkbox"/> Combination of indoor/outdoor space?	<input type="checkbox"/> Sound System
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Please attach a description of how you request the room/s to be set

I have received a copy of the Zumbro Building Use and Guidelines Policies regarding use of the facilities and agree to abide by them. I will take responsibility for our group while using the facilities and will see that all guidelines are followed.

_____ date

signature of person submitting form

For Office use only:
 Confirm/deny use of the building: _____
 (date & initial)
 Cost to group requesting use of facility: _____
 Deposit (date & amount) _____
 Payments/Donation (date & amount) _____
 Approved by _____