

MEMBER FACILITY USE APPLICATION FORM

Date: _____

Event Date: _____ Event Time: _____

Event Name: _____

Contact Name: _____

Address: _____

Email: _____

Daytime Phone: _____ Cell Phone: _____

One time usage _____ Re-occurring _____ (if re-occurring is it once a week/month):

Set-up time & date: _____

Number of people expected: _____

Will there be money exchanged for this event (if so, for what)?

How does this event push SHCC's mission forward?

Please note: If the Fellowship Hall or Worship Center is needed for a funeral, the funeral will take precedence over your event and other arrangements will have to be made for your event.

I will need:

_____ Worship Center

_____ Sound

_____ Fellowship Hall

_____ Projection

_____ Hospitality Room

_____ TV/DVD

_____ Classroom

_____ Kitchen (Members only)

For Church Office Use Only

Approved by: _____ Date: _____
(Minister/Elder)

Deposit required: \$ _____ Date received: _____

Deposit returned: \$ _____ Date returned: _____

Total Building Use Fee: \$ _____ Date received: _____