

WFMC Facility Request Form

One-Time Event	Recurring Event (see below)
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Day of the Week	Event Date
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Group/Person Requesting Use _____ Event Time _____ (am/pm) to _____ (am/pm)

Event _____ Set-up date & time _____

Contact Information _____
 Name Phone Email Address

Person Responsible for Clean-Up _____
 Name Phone Email Address

For recurring events, please indicate:

Monthly Weekly Other _____
 Beginning Date Ending Date

Date(s) the facility will **NOT** be needed during this time period, if applicable:

ROOM/EQUIPMENT REQUESTED

Building A (Sanctuary Building):

Sanctuary Kitchen, A203
 Conference Room, A200
 Downstairs Room No(s). _____

Building B (Discipleship Building):

Room No(s). _____
 Prayer Chapel, B106
 Kitchenette (lower level)

Building C (Christian Ministries Center):

Great Hall Kitchen, C201
 Hospitality Room, C202
 Room No(s). _____

Other: Prayer Garden Fire Pit Gazebo

Technological Equipment:

TV/DVD Player Video Projector
 Sound System Overhead Projector

GENERAL RULES

- Set up, tear-down, and clean-up are the responsibility of the person requesting the space, as well as returning the facility to its original condition. (*Building C Clean-Up Expectations* are posted in the CMC Kitchen.)
- I understand it is my responsibility to acquire and return a building key during office hours, Monday - Friday, 8:30 am - 4:00 pm, or by appointment on Wednesday evenings.
- A building host/hostess will be assigned to all events not led by a regular attendee* of WFMC.
- Christian Ministries Center only:** A cost-of-use fee is charged for the CMC for non-church functions. This fee must be paid at key pick-up, prior to use. Please check the applicable box:

\$25/hr. - Regular attendee* leading a non-church function

\$45/hr. - Non-regular attendee leading a non-church function

I have read, understood, and will abide by the rules listed above and in the *CAMPUS FACILITIES USE POLICY* (copy is available in the church office and on the church website, www.wilmorefmc.org).

Signature

Today's Date

OFFICE USE ONLY

Asst. Music Minister _____ Senior Associate Pastor _____
 Facilities Care _____ Senior Pastor _____
 Minister of Children _____ Staff Assistant _____
 Minister of Music _____ Youth Pastor _____
 Nursery Coordinator _____

STAFF ASSISTANT USE ONLY

Date Received _____
 Building Host/Hostess _____
 Notification of Approval/Disapproval
 Name _____ Date _____

A copy of the *Campus Facilities Use Policy* has been requested by and provided to the Requester.

Event recorded on BUILDING USE RESERVATIONS CALENDAR.