Reach… Rescue… Restore… Rebuild

LIFESPRING ASSEMBLY OF GOD

FACILITY USE REQUEST

PLEASE PRINT LEGIBLY

Date of Request: _____ Department: _____

Requestor's Name: _____ Dept. Director: _____

Best # to reach you at: (_____) _____ Email: _____

☐ call only ☐ text or call

(Room)

Room Needed:	2nd Choice:
Time Frame: ☐ AM ☐ PM **TO** ☐ AM ☐ PM	
Purpose:	

(Recurrence)

Is this recurring? ☐ YES ☐ NO *If yes, please complete the following.*	
☐ WEEKLY: Every ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT of every week	
☐ MONTHLY Every ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT of every: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th week of every month	
☐ MONTHLY on every _____ of every month (date of dates – example: 10th, 15th, etc.)	☐OTHER:

(Set-Up, Instructions & Costs)

Set-Up Instructions:	Equipment Needed:
Sound Person Needed: ☐ YES ☐ NO (There is a $50.00 per hour charge for sound person.)	Cost Breakdown *(if any)*:

ALCOHOLIC BEVERAGES, SMOKING, INAPPROPRIATE MUSIC OR DANCING & RED PUNCH ARE STRICTLY PROHIBITED. THE ROOM MUST BE CLEANED, VACUUMED AND RETURN TO ITS ORIGINAL STATE BEFORE LEAVING.

☐ I have read the above and agree to any and all instructions and information provided. I understand that any and all costs incurred (including any clean-up costs) will be charged to me or the sponsoring department's account.

Requestor's Signature: _____ Date: _____

(For office use only)

Room Reserved: _____ Put on Church Calendar: _____

Any Exceptions? _____ Senior Pastor's Signature: _____

SUBMIT FORM