

FACILITY USE APPLICATION

Name of Group Requesting Space _____ Phone _____

Contact Person _____ Email _____

Phone Numbers: home _____ work _____ cell _____

Address _____

Have You Requested SVPC Facility Use in the Past? Yes ____ No ____

Are you a member of SVPC? Yes ____ No ____

Note: Regular church operating hours are defined as 9:00 a.m. - 9:00 p.m. Sunday through Wednesday, and 9:00 a.m. through 5:00 p.m. Thurs. and Fri. The facilities can be reserved for other times, pending approval by the EF Stewards.

ROOMS /SERVICES NEEDED

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Atrium | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> New Kitchen, #310 |
| <input type="checkbox"/> Old Kitchen, #211 | <input type="checkbox"/> Youth Loft, #223 | <input type="checkbox"/> Outreach Room, #300 | <input type="checkbox"/> Session Room, #300 |
| <input type="checkbox"/> Library, #202 | <input type="checkbox"/> Parlor, #105 | <input type="checkbox"/> Prayer Room | <input type="checkbox"/> Bride's Room |
| <input type="checkbox"/> Classroom, #212 | <input type="checkbox"/> Classroom, #213 | <input type="checkbox"/> Classroom, #214 | <input type="checkbox"/> Classroom, #216 |
| <input type="checkbox"/> Art Room, #219 | <input type="checkbox"/> Drama Room, #221 | <input type="checkbox"/> Computer Room, #222 | <input type="checkbox"/> Classroom, #220 |
| <input type="checkbox"/> Classroom, #301 | <input type="checkbox"/> Classroom, #303 | <input type="checkbox"/> Classroom, #305 | <input type="checkbox"/> Classroom, #307 |
| <input type="checkbox"/> Choir Room, #119 | <input type="checkbox"/> Nursery, #102 | <input type="checkbox"/> Bazaar Room, #215 | <input type="checkbox"/> Childcare Room, #201 |
| <input type="checkbox"/> Sound Technician | <input type="checkbox"/> Sexton | | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Other, Specify: _____ | | | |

Type/Explanation of Activity _____

Responsible person on site during activity: _____ Cell #: _____

Of participants ____ # Of chairs required ____ Round Tables ____ Rectangular Tables ____

Other equipment to be used _____

Attach diagram of desired room setup.

Will childcare be required for the event? Yes ____ No ____

Will food or beverages be served? Yes ____ No ____

If yes, who is responsible for preparation? _____

Will tickets be sold or admission charges made for the event? Yes ____ No ____

If Yes, please explain: _____

Will promotional advertising, flyers or other printed material be used? Yes ____ No ____

If yes, copies must be approved prior to distribution.

FACILITY USE APPLICATION

ONE TIME EVENT

TO BE COMPLETED BY APPLICANT:

Date(s) requested: 1st choice _____ 2nd choice _____

Start Time: _____ End Time _____

TO BE COMPLETED BY SVPC:

APPROVED ___ DENIED ___ DATE _____ FEE _____ SETUP FEE _____

ROOM ASSIGNED _____

ENTRY DOOR _____ SECURITY CODE _____

REOCCURRING EVENT

TO BE COMPLETED BY APPLICANT

Frequency: Daily _____ Weekly _____ Bimonthly _____ Monthly _____

Other/Explain _____

Start Time: _____ End Time _____

Date of First Occurrence _____ Last Occurrence _____

Omit Dates _____

TO BE COMPLETED BY SVPC:

APPROVED ___ DENIED ___ DATE _____ FEE _____ SETUP FEE _____

ROOM ASSIGNED _____

ENTRY DOOR _____ SECURITY CODE _____

I/we the undersigned applicant agree that the foregoing information is true and complete as of the date of this application and in the event of subsequent change, the details of such change(s) will be provided to SVPC for approval. I/we also have read and agree to abide by the Facility Use Guidelines.

If request is approved, a check for the reservation fee and/or deposit must be received by SVPC two weeks prior to the event or the event will be cancelled. Checks should be made payable to SVPC.

Signature of above named responsible party:

_____ Date _____