

Central Presbyterian Church
Request For Special Building Use Form

Date: _____

Name: _____

Organization Name: _____

Contact Name: _____

Phone: _____ Email: _____

Requested Date of Use: _____

Requested Time of Use: From: _____ To: _____

Description of Activity/Event : _____

Reason To Use This Facility: _____

Number of People Attending: Adults: _____ Children: _____

(Supervisors Will Need To Be Provided for Children)

Are Central Presbyterian Church Members Involved? Yes No

If Yes, Names: _____

Requested Area of Church: Sanctuary Parlor Undercroft Choir Loft

Will Piano and/or Organ be Needed? _____

After Use Cleaning Plan: Self _____ Hire for a fee _____

Building & Grounds MT recommendation: _____

Follow-up _____

Session Approved Date _____

Session Denied Date _____