

**St. Paul's Facility Use Request – Community Organizations**

Group Name: \_\_\_\_\_ Group Size: \_\_\_\_\_

Desired Date of Use: \_\_\_\_\_ 201\_\_\_\_\_ (List all dates requested)

\_\_\_\_\_

Time: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Activity Description: \_\_\_\_\_

\_\_\_\_\_

Contact Representative: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Completion of Safe Church Training Program; date: \_\_\_\_\_ 201\_\_\_\_\_

Background Checks; \_\_\_\_\_

Signature \_\_\_\_\_

**Space and Amenities**

Desired Space(s): \_\_\_\_\_

Kitchen Use (yes) \_\_\_\_\_ (no) \_\_\_\_\_

Damage to facilities beyond normal use will be charged to the user for a cost borne by St. Paul's to restore, plus a 30% administrative fee.

Request Approved: \_\_\_\_\_

\_\_\_\_\_ Date