

PINEWOOD CHURCH

THIS REQUEST IS DUE 30 DAYS PRIOR TO EVENT

Facilities Usage Request and Agreement to Indemnify

*Please note: This is a request. Based on the Church's needs, the Church may need to change the requested space or offer a different space.

Name of Person making request: _____

Contact Phone Number: _____ Contact email: _____

Event: _____ Event Date & Times: _____

Set-up Date & Times: _____

Facility Requested (circle all that you are requesting to use):

Main Sanctuary	Sanctuary Rooms	1	2	3	4	Choir Suite
Grand Hall	Baker Bldg. Conf. Rm.					Soccer Fields
Chapel	Chapel Kitchen					WDC Library
WDC Gym (rubber bottom chairs ONLY)	The Well					WDC Kitchen

How many people are expected: _____

Number of tables: Round (8) _____ Rectangular _____

Number of Chairs: _____

Sound or Tech needed: Y or N

There may be a charge for Sound/Technology use as it requires a Church staff member to assist.

Diagram of Setup (if applicable): **PLEASE ATTACH**

Method of Publicity: Y or N if needed please contact Amanda Chesney at: amandachesney@pinewoodchurch.org

CLEANING AND SAFETY

To help protect everyone who uses the facility, please complete the following steps before leaving:

- Sanitize and wipe down all surfaces and chairs used during the event.
- Follow the cleaning supplies and room-specific instructions provided by the Church.
- Empty garbage cans and vacuum the room as needed.

ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read the Church's Facilities Use Policy and Procedures. I agree to comply with all provisions of the policy, including the agreement to indemnify the Church against any damage claims made by me or by third parties arising from the approved use of the facility.

Signature of User: _____ Date: _____

FOR OFFICE USE ONLY

Person (Deacons) who will open & close building, be in attendance **AND ensure that the room(s) is ready for Sunday.**
Request Deacons for the following actions setup/down: _____

Approved By: _____ Church Office

Craig Alexander: _____ **Mason Lewis:** _____

ROOM SCHEMATIC (TABLE AND CHAIR PLACEMENT) REQUEST

EVENT NAME _____

EVENT DATE _____

#of Tables _____

#of Chairs _____

ROOM NAME OR # _____