

First Christian Church Midwest City
FACILITY REQUEST FORM

TODAY'S DATE _____

YOUR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

PHONE: _____

COMMITTEE/GROUP REQUESTING: _____

NUMBER OF PARTICIPANTS: _____

ROOM REQUESTED: _____

PURPOSE OF EVENT: _____

WILL CHILDREN/YOUTH BE PRESENT? _____

EVENT DATE(S) _____

BEGIN TIME: _____ END TIME: _____

MEETING FREQUENCY: _____ ONE TIME _____ WEEKLY _____ MONTHLY _____

ESTIMATED SET-UP TIME _____ ESTIMATED CLEAN UP TIME _____

I will be responsible for cleaning the facility yes _____ No _____
(If No, custodial fees will be applied.)

EQUIPMENT NEEDED: _____

Complete and sign this form and return to the church office.
Specific room layout needs should be drawn on the reverse side of this form.

GUIDELINE AGREEMENT: I have read the guidelines applicable to the application. I agree to abide by the same, to be responsible for the participants attending the event, to be responsible for any damages incurred, and to hold First Christian Church, Midwest City harmless from any claims arising out of the organization's use of facilities.

Responsible Party _____

Phone Number _____ Date _____

Fees due upon approval and prior to event.