

Collingswood Presbyterian Church

APPLICATION FOR USE OF CHURCH FACILITIES

DATE APPLICATION SUBMITTED: ____/____/____

ORGANIZATION / GROUP REQUESTING FACILITY USE _____

DESIRED DATE OF REHEARSAL: ____/____/____ TO ____/____/____

DAY(S) OF WEEK: _____ TIME: _____

ACTUAL TIMES YOU NEED ACCESS TO FACILITY (INCLUDING SET-UP & CLEAN-UP): FROM _____ TO _____

APPROXIMATE NUMBER ATTENDING: _____

SPECIFIC ROOM(S) OR OTHER SPACE REQUESTED: Fellowship Hall. Kitchen Lounge Parking Lot

Meeting Room - specify which room, if known _____

EQUIPMENT REQUIRED: _____

PERSON SUBMITTING REQUEST Name: _____

Address: _____

Phone : _____ Cell: _____ . email _____

PERSON TO CONTACT FOR MORE INFORMATION - IF DIFFERENT FROM ABOVE:

Name : _____ Cell: _____ . email _____

IF APPLICABLE, NAME OF CHURCH MEMBER ASSUMING CUSTODIAL RESPONSIBILITY: _____

*** ALL APPLICANTS ARE ASKED TO READ THE ATTACHED GUIDELINES BEFORE SUBMITTING AN APPLICATION ***

I have read the attached "Use of Church Facilities" guidelines and will be responsible for insuring that all rules are followed during this event.

Signature of Organization Representative

Date

CHURCH STAFF INPUT

DATE APPLICATION RECEIVED IN CHURCH OFFICE: ____/____/____

DATE / TIME AVAILABLE ON CHURCH CALENDAR FOR ROOM(S) AND/OR OTHER SPACE REQUESTED ABOVE.

ROOM(S) RECOMMENDED & AVAILABLE, IF NOT SPECIFIED ABOVE: _____

CUSTODIAN REQUIRED CHURCH MEMBER INDICATED ABOVE WILL ACCEPT CUSTODIAL RESPONSIBILITY.

FACILITY USE FEE: \$ _____ CUSTODIAL FEE: \$ _____

SESSION

APPROVED DISAPPROVED REMARKS: _____

Signature of Property Committee Chair

Date

APPROVED EVENT ADDED TO CHURCH CALENDAR. APPLICANT NOTIFIED ON: ____/____/____

MAIL COMPLETED FORM TO: Collingswood Presbyterian Church, 30 Fern Avenue, Collingswood, NJ 08108-1919; or scan and email to collingswoodpres@verizon.net. Call 856-854-4523 with questions.