

Westminster Presbyterian Church
Facility Request Form

Date of Request: _____ **Please note request should be made at least 2 weeks prior to usage**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Best number to contact you: _____ Member of WPC?: Yes _____ No _____

Which facility is being requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> Kitchen(s) |
| <input type="checkbox"/> Grounds | <input type="checkbox"/> Fellowship Hall |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Administrative Workroom |
| <input type="checkbox"/> Library | <input type="checkbox"/> Pavilion |
| <input type="checkbox"/> Sanctuary | |
| <input type="checkbox"/> Other: please specify: _____ | |

Purpose of Use: _____

A COPY OF THE POLICY WHICH COVERS THE ABOVE FACILITY WILL BE PROVIDED FOR YOUR REVIEW AS YOU SUBMIT THE REQUEST. PLEASE READ IT CAREFULLY. THESE POLICIES HAVE BEEN COMPILED TO AID IN THE DAY-TO-DAY OPERATION OF THE CHURCH, BUT FINAL AUTHORITY REGARDING ANY MATTER PRESENTED IN THE POLICY HANDBOOK RESTS WITH THE ELDERS IN SESSION.

I agree to abide by the written policy and/or the Session's decision regarding my request. I understand that I will be asked to sign an Agreement Form if this request is approved.

Signature

Return Completed Form to the Administrative Assistant

For Office Use Only – Follow-up

Request Received by: _____ Date Received _____

Contact Person's Recommendation: _____

Date Submitted to Session: _____ Session Approval: Yes _____ No _____

Date Requestor Notified: _____ Date Posted: _____

Comments: _____

March 2023