

First Church of Seventh-day Adventists

810 Shepherd St., NW | Washington, DC 20011
 Phone: 202.829.2075 Fax: 202.723.5124

USE OF FACILITY REQUEST

EVENT INFORMATION

Nature of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Worship Service <input type="checkbox"/> Special Program/Other _____		
Sponsor (<i>Ministry, Group, or Person</i>):	_____		
Date of Event:	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Rehearsal Dates:	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	____/____/____	Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Rooms Desired:	<input type="checkbox"/> Sanctuary <input type="checkbox"/> Board Room <input type="checkbox"/> Ethel Nell Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Cradle Room <input type="checkbox"/> Kindergarten <input type="checkbox"/> Mother's Room <input type="checkbox"/> Balcony <input type="checkbox"/> Primary House <input type="checkbox"/> Youth House		
Equipment Desired:	<input type="checkbox"/> Piano <input type="checkbox"/> Organ <input type="checkbox"/> Sound System <input type="checkbox"/> Drums <input type="checkbox"/> Audio Tape <input type="checkbox"/> DVD/Video <input type="checkbox"/> Other _____		

EVENT COORDINATOR/ MINISTRY LEADER INFORMATION

Name:	_____		
Address:	_____		
City:	_____	State:	_____
		Zip:	_____
Home Phone:	_____	Work Phone:	_____
Fax:	_____	E-mail:	_____

Contractee Signature: _____ Date: ____/____/____

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Leasee Contact Date:	____/____/____	Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Distribution Copies:	<input type="checkbox"/> Pastoral Staff <input type="checkbox"/> Deacons/Deaconess <input type="checkbox"/> Communications <input type="checkbox"/> Hospitality <input type="checkbox"/> Other _____		

FCSDA Signature: _____ Date: ____/____/____

