



**Dominic
Dutra**

Facility Use Application

Second Community Church
Any Town, Any State 00000
Phone: (000) 000-0000

(Please print clearly.)

Today's Date: _____

Name of Group: _____

Your Name: _____

Address of Group: _____

Phone: _____

Your Phone: _____

Email address of group: _____

Your email address: _____

Business: _____ Non-Profit: _____ Personal: _____

Requesting:

1. Date(s) of event: _____ Start time: _____ End time: _____

2. Setup Date: _____

3. Setup start time: _____

4. Breakdown and cleanup end time: _____

5. The purpose of this event will be: _____





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6. Can you supply proof of liability insurance for at least 1 million (\$1,000,000) USD, naming the church as insured for the event? Yes: _____ No: _____

7. Anticipated Attendance: Total _____

Adults: _____ Youth: (12-17): _____ Children: (0-11): _____

8. Will you charge admission or solicit donations or other funds during your event?

9. Will you decorate for your event? Yes: _____ No: _____

If yes, describe the decorations you would like to use: _____

10. Will a room for childcare be needed? Yes: _____ No: _____

If yes, will all adults caring for children be screened? Yes: _____ No: _____

Will all adults caring for children be required to submit to a state child sexual abuse background check? Yes: _____ No: _____

11. Will food be served? Yes: _____ No: _____

12. If yes, will the church's facility be needed to prepare and/or store food?

Yes: _____ No: _____

If yes, what equipment will be used in the kitchen? _____

Type of food and beverages to be served:





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13. How many chairs will you need for seating? _____

14. Will you need tables? Yes: _____ No: _____

15. Please describe any other needs that you foresee in your planning of the event:

16. Who will be the on-site person in charge of the event?

Name: _____ Phone: _____

17. Program planner information:

Name: _____ Phone: _____

18. Will you promote the event? Yes: _____ No: _____

If so, where? _____

19. Promotion planner information:

Name: _____ Phone: _____

Return this application at least thirty days before your event to:

Second Community Church
Attn: Jenny Smith
Any Town, Any State 00000

You will be contacted by a staff member within 5 business days at the number provided above.
All applications are subject to review, follow-up questions, and, if applicable, a completed
Use Agreement.

Rejection of an application should not be taken as rejection of an organization.
Second Community Church routinely hosts our own events and scheduling is often limited.

