

FACILITY RESERVATION FORM

Name of Group: _____

Date(s): _____ Start Time: _____ End Time: _____

Activity Description: _____

Requested Room(s):

Fellowship Center (90 N. Main Street)

- Large/Main Room
- Kitchen
- Love Conference Room
- Parking Lot

Main Building (85 N. Main Street)

- Sanctuary
- Upstairs Classroom(s)
- Original Fellowship Room (under sanctuary)
- Youth Room (upstairs)
- Small Front Parking Lot
- Large Rear Parking Lot

Contact Person's Name: _____

Phone: _____

Email: _____

Covid Protocols:

- This church continues to *urge* people to wear masks if that is their preference.
- Wearing a mask is not *required* at church activities.
- Unvaccinated persons are strongly *urged* to wear masks at church activities.
- This church urges those persons who are not fully vaccinated to become so.

FOR OFFICE USE ONLY:

Date form received: _____ Date approved: _____

Date fee/deposit received: _____ Amount: _____

Key issued: _____ Key returned: _____ Deposit refunded: _____