

USE OF FACILITIES REQUEST

Name of organization: _____

Address: _____

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

Program: _____ Expected attendance: _____

Requirements: (Which room is requested, number of tables, chairs, other equipment, etc.)

ALLOW MINIMUM OF TWO
WEEKS FOR PROCESSING
THIS REQUEST

Requested by: _____

Address: _____

Phone/E-mail: _____

Send request to Chairperson, Stewardship Commission
First Presbyterian Church, 731 S. Averill Ave., San Pedro, CA 90732
(FAX: 310-832-6645 E-mail : office@firstpressanpedro.org)

The program of the church will receive highest priority in the use of the facilities. Conflicting requests shall be resolved by using the following guide:

- 1. Church organizations 2. Organizations sponsored by the church 3. Other organizations

A certificate of insurance is required of all organizations requesting use of any facilities.

No tape, staples, or tacks are to be used on the walls.

No alcohol is to be consumed on the premises.

Signature of person(s) responsible for cooperation of participants at above event.

Date: _____

Signature: _____

FOR OFFICE/STEWARDSHIP USE ONLY:

Date received: _____ Request Approved ___ Denied ___

Room charges: \$ _____ Custodial fee: \$ _____

Action Date: _____ Signature: _____