

APPLICATION FOR USE OF FACILITIES

Today's Date: _____

Name of Organization: _____

Date Facility Requested: _____ Time: _____

Name of person making request: _____ Phone: _____

Purpose: _____

Person in charge: _____ Phone: _____

Person who received the key: _____ Phone: _____

Date key given: _____ Date Returned: _____

Office personnel who handled request: _____

Expected number in Attendance: _____

Area/Rooms Requested: _____

Note: It is imperative to return all moved furniture to its proper place, especially in the classrooms.)

If there is a fee for cleaning/using the facilities, a check must accompany this form when it is returned to the office to reserve the buildings. (Cleaning will be scheduled). Please make the check out to the Brooks Avenue Church of Christ.

Check below the areas you wish to reserve:

Auditorium (\$300): _____ Fails Watson (\$150): _____
Classrooms (\$50): _____ Kitchen: (\$150): _____

Temperature Control: Using information on this form, heat/air conditioning will be turned on at the proper time.

Signed: _____ Date: _____

Approved: _____ (Facility Manager) Date: _____

Fee: _____ No Fee: _____