[NAME] CHURCH OF CHRIST FACILITY USE APPLICATION

Contact Information

	First Name	Middle Name	Loot Name					
	First Name	Middle Name	Last Name					
Please state whether you are a: Member of the [Name] church of Christ congregation								
Member of another congregation of the church of Christ:								
□ Non-r	member							
Mailing Address:								
Street								
City		State	Zip Cod	le				
Home Phone	:	Cell Phor	ne:					
E-mail Addres	ss:							
Are you requesting to use our facilities on behalf of a group/organization? Yes No								
	ease state the: tion's Name:							
Organizat	tion Address:							
Organization's Purpose/Mission:								
Organization's Officers or Leaders:								
Event Information								
What date(s) and time(s) are you requesting to use the facilities?								
			(month, day, year)					
Specific facilit	ies and/or room(s)	to be used:						
Briefly describe all purposes for which you wish to use the facilities:								
List any speci	ial equipment needs	3:						

Wedding Information (if applicable)

If you are requesting use of our facilities for a wedding, or wedding rehearsal or reception please list the following contact information of the bride, the groom, and the person officiating the wedding:

	Bride	Groom	Officiant				
Name:							
Address: Phone:							
Email:							
Liliali.							
Is the officia	f the	Yes No					
If yes, please identify the congregation:							
Is the bride	Bride Y	de Yes No					
	n of the church of Christ?	Groom Yes No					
If yes, please identify the congregation:							
Is the bride	Bride Y	es No					
church of Ch	Groom Yes No						
If a former member, please give the dates you attended here: to							
Is the bride or groom related to a current or former member of the Bride Yes							
[Name] church of Christ congregation?				Groom Yes No			
If yes, please identify the member(s):							
If yes, please indicate your relationship:							
If former members, please give the dates they attended here: to to							
Is the couple		Yes No					
If Yes, please identify the counselor:							
Expected date of completion:							
If No, are you willing to complete premarital counseling before the Yes No _							
wed	ding with one of our minis	ters?					