



# FACILITY REQUEST FORM

Please complete the following information and return to the church office or email to [admin@lifechurchnc.com](mailto:admin@lifechurchnc.com) for approval.

Name of Person Making Request: \_\_\_\_\_

Are you a member or regular attender of Life Church?      YES      NO

Group Name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

## THIS REQUEST IS FOR:

**Single Use Event:**

- Date: \_\_\_\_\_
- Times: *Include time needed for set-up and start/end time of the event*  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Recurring Event:** *Describe the day of the week and frequency month*

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- Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_
  - Times: *Include time needed for set-up and start/end time of the event*  
From: \_\_\_\_\_ To: \_\_\_\_\_

## EVENT DETAILS:

- **Purpose of the event:** \_\_\_\_\_
- **Room(s) Requested:**

<input type="checkbox"/> Annex Lobby	<input type="checkbox"/> Main Lobby
<input type="checkbox"/> Annex Auditorium	<input type="checkbox"/> Main Auditorium
<input type="checkbox"/> Classrooms	
- **Number of people attending:** \_\_\_\_\_
- **Audio/Video/Technical Needs:** \_\_\_\_\_
- **Will you require a sound technician or media operator?** \_\_\_\_\_

**I/we have read the FACILITY USE POLICY and agree to the rules/expectations set forth by Life Church.**

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## OFFICE USE ONLY

Deposit Paid       Proof of Insurance Provided