



**FIRST PRESBYTERIAN CHURCH**

700 Wood Street; Clarion PA 16214

phone: 814-226-8145

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www.clarionfirstpresby.org

**FACILITIES REQUEST FORM**

Today's Date: \_\_\_\_\_ Date(s) for Request: \_\_\_\_\_

Event Start Time – End Time \_\_\_\_\_

Set Up and Clean Up Time Required \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_ (Responsible party must be age 21 or older)

Organization: \_\_\_\_\_

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

Phone# \_\_\_\_\_ (home/work/cell)

e-mail \_\_\_\_\_

Description of Event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rooms Requested: If Kitchen will be used, please see guidelines on the back of this form

\_\_\_\_\_

\_\_\_\_\_

Applicable Fees:	No. of People Expected _____	
	Building Use	x \$1.00 per head = _____
	Kitchen Use	x \$1.00 per head = _____
		Security Deposit _____
		Custodial Fee _____
	Other _____	_____
	<b>Total Fees due to First Presbyterian Church:</b>	<b>\$ _____</b>

Signature of Contact Person: \_\_\_\_\_

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**Church Use:**

Approved / Not Approved by: (event) Property Team \_\_\_\_\_  
signature/date

(over 50 people) Session Approval Meeting Date \_\_\_\_\_

Notice of Status given to Contact Person by: \_\_\_\_\_  
signature/date  
(Date/Initials)

Copy to: Property Team. \_\_\_\_\_

Treasurer (if fees) _____	Total Amount Due First Presbyterian _____
	Deposit received – Date: _____ Ck # _____ Amount _____
	Statement sent- Date: _____
	Balance Paid- Date: _____ Ck # _____ Amount _____
	Security Deposit Refunded- Date: _____ Ck# _____ Amount _____