

## FACILITY USE REQUEST FORM

Please return the completed form to *New Life At The Cross* in the <u>church office</u> as far in advance of the date requested as possible to confirm your reservation.

Date:	M	т	W	ΤН	FRI	SAT	SUN
(Group or Individual requesting use)							
1 Date(s) Requested: If recurring - Start date: End date:		_					
2. Time of day: Begin: End:		-					
3. Person of Contact:							
4 I have a access to the building (key) I need access to the building							
5. *Facilities needed (please check all rooms you plan to use)							
Multi-purpose Room (Worship Center) Classroom(s) How many?							
Youth Large Group AreaChildren's Large Group Area Kitchen	0	Quad					
Library/Conference Room PlaygroundOld Sanctuary							
6. *Equipment needed:							
TV/DVDSound SystemMovie ScreenPowerPoint							
Coffee Pot(s) Ice Chest(s) Popcorn MachineCotton Can	dy Machi	ne					
Snowball Machine							
Use Guidelines. The signature of this form indicates acceptance of all guidelines outlined below Please explain activity to be held:							
Estimated number people attending: Would you like this event announce	ed <u>ye</u>	5		าด			
The person/organization requesting the use of Church facilities hereby absolves the church, its liability for personal injury to any individual resulting from the use of the church facilities and a that results during the use of the facilities. Please report any damage to the church office pror	agrees to						
The group or individual using the facility is responsible for set up, clean up, and return to norm	al set up	of tl	ne fao	cility.			
(See "Responsibilities after Building Use & Kitchen Etiquette" – reverse side)							
Date:							
Signature of Responsible Party							
For office use only:							

## **Responsibilities after Building Use**

Please note that it is the responsibility of the group or individual using the facility to set up, clean up and return the facility to normal setup after the approved event or activity.

1. Collect all garbage into bags and bring it out to the dumpster located by the garage.

2. Wipe off tables. If food or drink is involved, wipe all tables clean using a mild soap and water solution. If stains occur, please notify the office so correct cleaning solutions can be used to remove stains.

3. Return all tables, chairs, easels, and other equipment to their proper places after your event. Return all rooms used to their normal set up.

4. If using the kitchen, please wash and dry all dishes used and return them to the correct cupboard. Take all extra food and beverages with you unless specific plans for usage have been made. Wipe counters and leave kitchen clean and ready for the next use.

5. Sweep floors and mop as needed. Report any damage to equipment or property promptly to the office.

6. Remove any items put up on the walls or set out in connection with your event.

\*Washcloths, towels, a broom, a dustpan, etc. are located in the kitchen. Please return these to the kitchen when you are done using them.

## **KITCHEN ETIQUETTE**

1. Check with the church office for availability of date desired.

2. There could be more than one activity that uses the kitchen in the same week. Therefore, we request that you check with the church office before you bring your supplies to the kitchen.

3. Please return items to designated cupboards. Cupboards are labeled for your convenience.

4. Please take home all food and beverage items. We have limited space to store these in our one refrigerator.

5. **Clean-up: Please** do all dishes, put them away, wipe counter tops and stove, clean sink and sweep floor if needed. Leave used dish cloths and towels in the sink. They will be picked up and laundered. **Trash:** trash should be put in a garbage can and tied. The custodian will dispose of the bags.

Thank You for your co-operation. Help us with these guidelines. This will allow us to better serve the needs of everyone who uses the kitchen.

Coordinator:	Phone:
Helpers:	_ Phone:

For office use only:

Announcement	Sheet Red	quest Form
--------------	-----------	------------

Type of Announcement: (Check all that apply)	Social Media	Video	Church Calendar
Suggested Title:			
Please give all the facts, i.e. Who, What, When, Wh	ere, Why, and How. T	ype or Print Cl	early.
Please provide short, specific information for all an	nouncements.		
Announcement Date(s) Desired:			
Name:			
Telephone #:			
Date of Request:			
Approved By:			
Date:			

Note: All requests for Announcements must be in the Administrative Office by 2 weeks prior.