

# Harvest View Church Facility Use Request Form



*Thank you for your interest in using the resources and facilities at Harvest View Church.  
Please complete this form and submit it to [info@harvestviewtn.org](mailto:info@harvestviewtn.org) for approval.*

## Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## Event Information

Name of Event: \_\_\_\_\_

Date(s) Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_. Start Time:\_\_:\_\_:\_\_ End Time:\_\_:\_\_:\_\_

Set Up/Tear Down Start Time:\_\_:\_\_:\_\_ End Time:\_\_:\_\_:\_\_

Expected Attendance: \_\_\_\_\_

## Facilities and Resources Requested (Check all that apply)

- ☐ Sanctuary
- ☐ Pavilion
- ☐ Classroom(s) (Specify Number: \_\_\_\_\_)
- ☐ Entire Facilities
- ☐ Sound & Video
- ☐ Table(s) (Specify Number: \_\_\_\_\_)
- ☐ Chair(s) (Specify Number: \_\_\_\_\_)
- ☐ Other (Specify: \_\_\_\_\_)

## Additional Details

Purpose of Event (Wedding, Meeting, Birthday): \_\_\_\_\_

Will food or drinks be served? ☐ Yes ☐ No

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SetUp Needs: \_\_\_\_\_

\_\_\_\_\_

CleanUp Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Acknowledgment

I agree to abide by the guidelines and policies for facility use at Harvest View Church. I understand that approval is subject to availability and church leadership's discretion.

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

**\*If you are not a member of Harvest View Church you are required to have a sponsor from the church that will be responsible for the facilities.**

\*Sponsor Name: \_\_\_\_\_

\*Sponsor Contact Information: \_\_\_\_\_

*Please submit this form no later than 60 days before the event to church leadership or email it to: [info@harvestviewtn.org](mailto:info@harvestviewtn.org). You will be notified upon approval or if additional information is needed.*

### ***For Internal Use:***

*Date Received* \_\_\_\_\_ *Received by:* \_\_\_\_\_

☐ *Approved*

☐ *Disapprove*

*Signature of HVC Representative:* \_\_\_\_\_