

Upper Room Facility Usage Inquiry Form

The church office and Executive Board must have knowledge of the group and/or member that wishes to use the church facilities for scheduling purposes. Completion of this form helps assess yours needs as well as those of the staff assisting you. Activities will be recommended for approval based on their compliance with the stated goals and policies of Upper Room Ministries. Also, we consider the availability of the church facilities and services.

Date of Inquiry _____

ACTIVITY INFORMATION

Purpose of Usage (Activity): _____

Date(s): (mm/dd/yy) _____

Time(s): _____

Number of People Expected: _____

Request: Sanctuary Conference Room Class Room Small Sound Tech

Other (specify): _____

Event Date	Set-up Time	Event Time	End Time	Clean-up Time	Food Served?

Room Setup Requested: _____

Equipment Requested: _____

Sound Equipment (specify): _____

NOTE: Sound engineer must be present.

Musical Instruments: _____

NOTE: May need special approval.

Keyboard Percussion Set Other (specify): _____

Other Special Needs: _____

GROUP INFORMATION

Group/Person Making Request: _____

Responsible Party: _____

Address, City, Zip Code: _____

Home Phone: _____

Cell: _____

Email: _____

Contact Person for Group (If Other Than Responsible Party): _____

Address, City, Zip Code: _____

Phone: _____

If there is a partner of Upper Room Ministries who is also a member or associate of the applying group and who will accept responsibility for directing the proper use for the facilities, please note: