

TRINITY CHRISTIAN SCHOOL BUILDING USE REQUEST FORM

Please fill out this form in its entirety and return to the address below, Attn: Director of Special Events

Name of Organization: _____

Address: _____

Telephone: # _____ Cell# _____ Email _____

Description of Event: _____

Number of expected people attending event: _____

Requested Date(s) of Event: _____ TIME(S) OF EVENT: _____

SET-UP TIME REQUIRED: _____ CLEAN-UP TIME REQUIRED: _____ TOTAL HRS FOR ENTIRE EVENT: _____

Please be advised that fees apply for the entire time you expect to be in our facility. Time needed for set-up, clean-up and for your participants to vacate the facility must be included in the hours you request.

Areas of building being requested:

Gymnasium (full) Gymnasium (1/2) Cafetorium Stage Area Only Kitchen

Classroom(s), please specify room number(s) _____

Furniture/equipment requested: _____

Will sound equipment be needed? Yes No

If yes, there is an extra cost. We do not allow anyone to operate our systems.

Times for sound operator: _____

KITCHEN USE: If kitchen is requested, please provide the following info:

Purpose of use: _____

Equipment requested: _____

SIGNATURE: _____ DATE: _____