HOLY SPIRIT
EPISCOPAL CHURCH AND SCHOOL

Request
for Facility Use
Non-Profit (501c3)

Activity/Event/Meeting: _____

Contact Name: _____

Phone Number and Email: _____

☐ **This is a one-time event or activity.**

Date: _____

Setup start time: _____ Event start time: _____

Event ending time: _____ Cleanup end time: _____

Number of expected participants: Adults _____ Children _____

Space(s) requested: Parish Hall / Library / Worship Area / Narthex / Classroom # _____ / Youth Building / Outside Grounds

☐ **This event/meeting will occur on a regular basis.**

🕐 Daily 🕐 Weekly 🕐 ___ Days/Week 🕐 Monthly 🕐 Quarterly

Please list the actual dates on the reverse side.

Beginning date: _____ Ending date: _____

Setup start time: _____ Event start time: _____

Event ending time: _____ Cleanup end time: _____

Number of expected participants: Adults _____ Children _____

Space(s) requested: Parish Hall / Library / Worship Area / Narthex / Classroom # _____ / Youth Building / Outside Grounds

Church Office Use Only

Date received: _____ By: _____ 🕐 Accepted 🕐 Denied By: _____

Facility Coordinator & Church Representative

_____ _____

Date Requestor Notified: _____ By: _____

HOLY SPIRIT
EPISCOPAL CHURCH AND SCHOOL

Request
for Facility Use
Special Events

Activity/Event/Meeting Title: _____

Contact Name: _____

Phone Number and Email: _____

Event Date: _____

Setup start time: _____ Event start time: _____

Event ending time: _____ Cleanup end time: _____

Number of expected participants: Adults _____ Children _____

Space(s) requested (please circle):

Space(s) requested: Parish Hall / Library / Worship Area / Narthex / Classroom # _____ / Youth Building / Outside Grounds

Church Office Use Only

Date received: _____ By: _____ ☐ Accepted ☐ Denied By: _____

Facility Coordinator & Church Representative

_____ _____

Date Requestor Notified: _____ By: _____

HOLY SPIRIT
EPISCOPAL CHURCH AND SCHOOL

Request
for Facility Use
Wedding

Bride & Groom Names: _____

Contact Name: _____

Phone Number and Email: _____

☐ **Wedding Rehearsal (*not dinner*)**

Date: _____
Setup start time: _____ Event start time: _____
Event ending time: _____ Cleanup end time: _____
Number of expected participants: Adults _____ Children _____

☐ **Wedding Event**

Date: _____
Setup start time: _____ Event start time: _____
Event ending time: _____ Cleanup end time: _____
Number of expected participants: Adults _____ Children _____

For a rehearsal dinner or reception, please request with a separate *Request for Facility Use Special Events* and *Fee Agreement* for each event.

Church Office Use Only

Date received: _____ By: _____ 🕐 Accepted 🕐 Denied By: _____

Facility Coordinator & Church Representative

_____ _____

Clergy Contact: Date _____ Clergy Name: _____