



Request for Facilities Use- Non Profit and Others

Date request received _____ Person receiving request _____

Event Start Date _____ (day, month, date, year) Event End Date _____ (day, month, date, year)

Single-use event Weekly Event Monthly

Organization Name _____

Representative/Contact Name _____

Telephone _____ Email _____

Description of Activity/Event _____

What types of activities will be included in this event? (i.e. dancing, construction, climbing ladders, use of power tools, sports, meetings, etc. _____)

Approximately how many people will be involved in the activity/event? _____

Event Start Time _____ Event End Time _____

Event Set-up Time _____

Certificate of Liability Insurance: It is the policy of this church to require all groups using the church facilities and grounds, to provide a *Certificate of Liability Insurance*, naming Grace Baptist Church, (Certificate Holder), as additional insured. Certificate must be attached to this form.

Facilities Usage

The Gathering Place _____

The Grace Family Center _____

Does the stage need to be cleared?	Yes	No	Platform needed?	Yes	No
Roll-out stage needed?	Yes	No	Stairs needed?	Yes	No

Kitchen (See Red Dye Policy, Page 7)

Coffee _____ Potluck _____

Catered _____

Cascade Center

Mt. Hood _____

St. Helens _____

Evergreen Center

Douglas Fir _____

Blue Spruce _____

Youth Center

1 room _____

2 rooms _____

Columbia River Center

McNulty _____

Columbia _____

Milton _____



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