JAMES STREET MENNONITE CHURCH

323 West James Street
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Subject: Facility Use Form — Department: Administration
Date implemented: August 1, 2003 — Approved by: Administrator
Revision: 11/03, 4/04, 12/04, 01/10, 08/10, 9/11, 10/11, 01/13, 7/19

Contact's Name: _____

Name of Group (if applicable):_____

Event/Occasion: _____

Address: _____

_____

Phone(s):_____Email:_____

Group Insurance Company's Name or
Name of Individual's Homeowner's Insurance: _____ Policy number: _____

Additional Contact Person: _____ Phone: _____

JSMC member/regular attendee? YES NO Group sponsored by JSMC? YES NO

For non-JSMC members/attendees:
Church Name: _____ Are you an ACC church? YES NO

Date(s) Needed: _____ Time(s) Needed: _____

Room(s):_____

Tables: Round: _____ Long: _____ Chairs: _____
(Tables and chairs will be available, but the group is responsible to set up and tear down the room.)

Sound Needed: YES NO

Equipment Needed (if applicable): TV/DVD TV/VCR
(Please note that according to the Facility Use Guidelines, JSMC does not offer internet access to groups using the facility.)

Total Amount of Donation (Non Tax-Deductible):_____ Received Date: _____

Additional Notes: _____

_____

I have read the guidelines and agree to follow them as written.

_____ _____
Contact Person's Signature Date James Street Mennonite Church Representative Date

For Office Use:

Facility Use Confirmation sent: _____ Sound Technician: _____ (Arrive at _____)

Notes: _____ Building Attendant: _____ (Arrive at _____)

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