

	1000 Ohio Avenue Saint Cloud, FL 34769 407-892-3128 firstchurchstcloud@gmail.com	POLICY OR FORM TITLE: Property Use Request Form
	APPROVED BY: Trustee Committee	DATE APPROVED: September 2009 REVISED: April 2012
RESPONSIBILITY OF: Trustee Committee	PAGE 1 OF 1	

PLEASE, COMPLETE STEP 1 ONLY AND RETURN TO CHURCH OFFICE. THANKS.

Date: August 29, 2016

1

Group or Organization Making the Request (Name, address, phone):

Local Group Outside Group Church Members

Person Responsible for Event: _____

Phone: _____

Email: _____

Description of Event/Activity: _____

Date(s): _____ Time Frame: _____

Published Time: _____

PLACES: FLC SANCTUARY FLC KITCHEN FLC NURSERY LIBRARY
 FLC UP-ORANGE FLC UP-BLUE FLC UP-YOUTH FLC UP-MURALS
 SANCTUARY PRESCHOOL BUILDINGS: HICKORY TREE

ITEMS: TABLES # _____ CHAIRS # _____ LAPTOP PROJECTOR
 STAGE IN FLC OTHER: _____

2

OFFICE USE ONLY:

Dates/Times Available: Yes No

4

On Church Calendar: Yes Comments: _____

Group Contacted with Response: Yes Date: _____

3

TRUSTEE COMMITTEE USE ONLY:

APPROVED: Yes No Date: _____

By: Board of Trustees Consensus (see emails attached)

Chair Board of Trustees Signature: _____

Restrictions or Contingencies:

Fee for Use Amount: \$ _____ Paid: \$ _____ Date: _____

Proof of Insurance Required Received on: _____