

CHURCH OF THE MASTER  
24 N GROVE ST. WESTERVILLE, OH 43081  
(614) 882-2153  
[facilities@chmaster.org](mailto:facilities@chmaster.org)

**CHURCH MEMBER  
FACILITIES USE APPLICATION FORM**

**Please list one event per form and please print clearly  
Submit form to Facilities Manager in office mailbox or via email**

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Description:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Event Host Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Set Up Start Time: \_\_\_\_\_ Clean Up End Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Requested Space:

Chapel \_\_\_\_\_ Wagoner-Hursh \_\_\_\_\_ Sanctuary \_\_\_\_\_ Gathering Space \_\_\_\_\_ Nursery \_\_\_\_\_

Sound System \_\_\_\_\_ Video System \_\_\_\_\_

Fellowship Hall \_\_\_\_\_ Kitchen \_\_\_\_\_ Gym \_\_\_\_\_ Classroom (specify) \_\_\_\_\_

Number of Tables: 8 ft long or 6 ft long or 5 ft round (circle size) \_\_\_\_\_ Number of Chairs: \_\_\_\_\_

**If you need help with set-up, please include a sketch or Set Up Form for tables and chairs**

Will equipment/supplies be delivered? No \_\_\_ Yes \_\_\_ ( If Yes, Please note items, company delivering  
and expected time of delivery) \_\_\_\_\_  
\_\_\_\_\_

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- Dates are not considered reserved until approved by the Trustees/Facilities Manager and no event will be scheduled until all required deposits have been received.
  - Church needs and activities have first priority including unexpected events (i.e. funerals) which may cause cancellation or rescheduling of requested date.

Requestor Signature: \_\_\_\_\_

Date of Application \_\_\_\_\_