

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

**COMMUNITY 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: \_\_\_\_\_

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

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

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

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

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

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

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

Set-up start time: \_\_\_\_\_ Clean-up end time: \_\_\_\_\_

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

Requested Space: NOTE: Fees for use up to four hours \$25 for each additional hour  
(\$50)Chapel\_\_\_\_\_ (\$50)Wagoner-Hursh\_\_\_\_\_ (\$250) Sanctuary\_\_\_\_\_ (\$50)Gathering Space\_\_\_\_\_

(\$50)Nursery\_\_\_\_\_ (\$75)Sound System\_\_\_\_\_ (\$75)Video System \_\_\_\_\_

(\$150)Fellowship Hall\_\_\_\_\_ (\$100)Kitchen\_\_\_\_\_ (\$100)Gym\_\_\_\_\_

(\$50)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 and time of delivery)  
\_\_\_\_\_  
\_\_\_\_\_

- 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.

By submitting this Facilities Use Application Form, I acknowledge that I have been provided the Facilities and Property Use Policy of Church of the Master and agree that I, and on behalf of any organization or group which I am representing, will adhere to and be bound by all applicable terms and conditions in said policy.

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

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