

CHURCH OF THE MASTER
24 N GROVE ST. WESTERVILLE, OH 43081
(614) 882-2153
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 (1st Choice): _____ Event Date (2nd Choice): _____

Event Name and 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_____