

CHRISTIAN PROVISION MINISTRIES
FACILITY REQUEST FORM

USER INFORMATION

Name: _____ Date: _____

Organization: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Users' Status: CPM member Non-member Community*

FACILITY USAGE INFORMATION

Purpose of Event(s): (A general explanation of the type of event(s) being held in each space)

Facility Space(s) being requested: (Check all that apply & indicate number of spaces if applicable.)

<input type="checkbox"/> Main Sanctuary	<input type="checkbox"/> Classroom 103	<input type="checkbox"/> Latte' Center
<input type="checkbox"/> Multi-Purpose room	<input type="checkbox"/> Classroom 104	<input type="checkbox"/> Exercise Room
<input type="checkbox"/> Classroom 101	<input type="checkbox"/> New members room	<input type="checkbox"/> Volleyball Courts
<input type="checkbox"/> Classroom 102	<input type="checkbox"/> Lobby	<input type="checkbox"/> Parking lot

Purpose of Using Space(s): (A general explanation of the type of event(s) being held in each space)

Number of Expected Participants: (Include spectators, instructors, etc.) _____

Participants' Status: (Circle all that apply.)

CPM Members Mixed (Members and community) Community*

Date & Time Facility Space(s) are to be Utilized: (Please List Below)

-Please attach a copy of the schedule for clarification purposes if needed.

-Start time should be the time the group needs to access the facility space. The end time should be the time that all participants will have left the facility space.

Starting Date: _____ Ending Date: _____

EQUIPMENT NEEDS

(Check all that apply)

<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> DVD player
<input type="checkbox"/> Microphones # _____	<input type="checkbox"/> other (please specify) _____	

Upon signing this agreement, the requester acknowledges that the enclosed Christian Provision Ministries requirements has been reviewed and agreed to the terms and conditions of this contract.