

Revised 8/7/2016



HAWKER UNITED CHURCH OF CHRIST
1617 N. Longview Street
Beavercreek, OH 45432
Ph:937-426-0973
Email: office@hawkerucc.org Web Site: Hawkerucc.org

For Church Office Use Only
Date Received: _____
Date Approved: _____

REQUEST FOR USE OF CHURCH FACILITIES

Event Description: _____ Desired Dates: from ____/____/____

Organization Name: _____ to ____/____/____

Organization Address: _____ Desired Times: from _____ A.M./P.M.
to _____ A.M./P.M

ACTUAL TIME EVENT STARTS: ____ A.M./P.M.

Contact (Reserving) Person: _____ Contact Phone Number: _____

- Category 1: [] Hawker Events [] Hawker Groups [] Active Hawker Member
Category 2: [] Inactive Members [] Non-member Sponsored by an Active Member [] Non-members
[] Active Member Sponsored Organizations [] All Other Organizations

Sponsor Name: _____ Phone Number: _____

Sponsor Address: _____

Estimated Number of Attendees: Adults: _____ Children: _____ Total: _____

Facilities Required:

- [] Sanctuary(100) [] Chapel(102) [] Fellowship Hall with Kitchen(111) [] Small Kitchen(106)
[] North Entrance(101) [] Narthex(107) [] Conference Room115A [] Music Room(109) [] Kindergarten(207)
[] Pre-school Classroom(203) [] 5th - 6th Classroom(205-206) [] Picnic Shelter_____ [] Other _____

Wedding Package - [] Category 1 / [] Category 2 Funeral Package - [] Category 1 / [] Category 2

Table with 3 columns: Fee(s) for (per Facilities Use Policy), Fee Amount, Deposit Amount/Date. Includes a TOTAL row at the bottom.

Pastor Approval Required for Weddings. Is approval obtained? [] Yes [] No DATE: _____

Council Approval Required? [] Yes [] No Approval obtained? [] Yes [] No DATE: _____

Room Set Up Required? [] Yes [] No (If yes, please attach the setup layout additional fee may apply)

I have received a copy of the appropriate sections of the Hawker Facilities Use Policy Handbook and I agree to follow all policy rules.

(Signature)

(Date)