

**Facility Usage Policy of
Matthews Orthodox Presbyterian Church**

**FACILITIES REQUEST FORM
Single Occurrence Events**

Today's Date _____ **Date of Function** _____ **Day** _____

If the event is ongoing, indicate beginning and ending dates.

Beginning Date _____ **Ending Date** _____

Access time _____ **Starting Time** _____ **Out time** _____

Group or Ministry Name _____

Event description _____

Number of attendees _____

Contact Person and Phone Number _____

(*Person must be present at function)

Area Desired:

Fellowship Hall _____	Sanctuary _____	Classroom 1 _____
Kitchen _____	Conference Rm 2 _____	Classroom 2 _____
Classroom A _____	Nursery _____	Classroom 3 _____
		Classroom 4 _____

Approved by _____

Please fill out this form completely and return Facilities Administrator for approval. If meeting is canceled or changed please notify the Administrator.