



FACILITY REQUEST FORM

Please complete the following information and return to the church office or email to admin@lifechurchnc.com for approval.

Name of Person Making Request: _____

Are you a member or regular attender of Life Church? YES NO

Group Name: (if applicable) _____

Address: _____

Phone: _____ Email: _____

THIS REQUEST IS FOR:

Single Use Event:

- Date: _____
- Times: *Include time needed for set-up and start/end time of the event*

Recurring Event: *Describe the day of the week and frequency month*

Start Date: _____ End Date: _____

Times: *Include time needed for set-up and start/end time of the event*

EVENT DETAILS:

• **Purpose of the event:** _____

• **Room(s) Requested:**

Annex Lobby

Main Lobby

Annex Auditorium

Main Auditorium

Classrooms

• **Number of people attending:** _____

• **Audio/Video/Technical Needs:** _____

• **Will you require a sound technician or media operator?** _____

I/we have read the FACILITY USE POLICY and agree to the rules/expectations set forth by Life Church.

Signature: _____ Date: _____

OFFICE USE ONLY

Deposit Paid

Proof of Insurance Provided