

Rental Request Form

Name

Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Is this for:

Give name If for an organization or business

Organization

Business

Personal

Are you a member of this church?

Type of Event

Date of Event

Time of Event

Which facility(s) are you requesting? Please check the appropriate box(s)

Chapel

Sanctuary

Owens Center/Fellowship Hall

Will the following be required? Please check the appropriate box(s)

Microphone

Sound Engineers

Security

Ushers

Greeters

Minister(s)

P A System

Other

Additional request:

***See photo gallery for pictures of facility.**