

RICHMOND CHURCH OF CHRIST FACILITIES USE REQUEST FORM

1500 LANCASTER ROAD
RICHMOND, KENTUCKY 40475

REQUESTED EVENT DATE: _____

TYPE OF EVENT (*i.e. Birthday party, Wedding, Anniversary, etc.*): _____

NAME OF PERSON REQUESTING EVENT: _____

PHONE NUMBER OF PERSON REQUESTING EVENT: _____

EMAIL ADDRESS OF PERSON REQUESTING EVENT: _____

BEGINNING TIME OF THE EVENT: _____

ENDING TIME OF THE EVENT: _____

NUMBER OF PEOPLE ANTICIPATED AT EVENT: _____

IS AUDIO/VISUAL NEEDED? _____

I UNDERSTAND MY RESPONSIBILITIES AND OBLIGATIONS IN USING THE FACILITIES LOCATED AT 1500 LANCASTER ROAD, RICHMOND, KENTUCKY 40475 AS SET OUT IN THE FACILITIES USE GUIDELINES. I ACKNOWLEDGE AND AGREE TO ADHERE TO THE BUILDING USE GUIDELINES OF THE RICHMOND CHURCH OF CHRIST LOCATED AT 1500 LANCASTER ROAD, RICHMOND, KENTUCKY 40475.

REQUESTOR SIGNATURE: _____ DATE: _____

-----Office Use-----

SECRETARY
SIGNATURE: _____ DATE: _____

ELDER
SIGNATURE: _____ DATE: _____