

FACILITY USE REQUEST

1150 HILFIKER LN SE
SALEM, OR 97302

DATE REQUESTING FACILITY: _____
TIME: _____

FUNCTION: _____
CONTACT PERSON: _____ PHONE: _____
EMAIL: _____

FACILITIES REQUESTING (check all that apply)

AUDITORIUM _____ FELLOWSHIP HALL _____ KITCHEN _____
FRONT LAWN _____ BALL FIELD _____ NURSERY _____
CLASSROOM _____ (please include how many rooms will be needed)

YES NO

___ ___ Do you intend to move any church floral or greenery
arrangements?
___ ___ Do you intend to move any church furniture?
Person responsible for removing and replacing _____

Are there any other special arrangements or unusual features that you want
considered as a part of your application? _____

Do not assume that any of the requests will be automatically accepted. The
final terms will be stated upon approval of your application.

APPLICATION IS _____ APPROVED _____ NOT APPROVED
BY: _____ DATE: _____

** It is understood that the contact person is responsible to clean up all personal
items and replace all furniture, floral and greenery arrangements to original
locations.

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