

# GERMANTOWN CHRISTIAN ASSEMBLY

## APPLICATION FOR USE OF FACILITIES (MINISTRIES)

Day/Date(s) of Function: \_\_\_\_\_ Ministry/Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. /Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Function: \_\_\_\_\_ Time of Function: \_\_\_\_\_

Expected # of attendees: \_\_\_\_\_ Arrival Time (includes set-up): \_\_\_\_\_ Departure Time (includes clean-up): \_\_\_\_\_

### What facility(s) will be used? (Check all that apply)

Sanctuary  Library  Classroom(s)  Kitchen  Fellowship Hall  Sound Rm.  Missions House (605)

Missions House Yard (605)  Other  (describe): \_\_\_\_\_

**Indicate furniture needed:** Tables (type/amt.) \_\_\_\_\_ Chairs (amt.) \_\_\_\_\_

Notes/Instructions: \_\_\_\_\_

Applicant (print full name): \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Your signature indicates you have read and agree to the Conditions for Use of the Facilities (see below).*

*Fax (215-247-5389) or scan to email ([gcafamily@verizon.net](mailto:gcafamily@verizon.net)) the signed and completed form.*

## APPROVAL/DISAPPROVAL

This request must be approved by an Elder. Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_

### Office Staff

Who needs to know? W. Ridenhour  M. Reed  Other  \_\_\_\_\_

Notify the applicant of approval or disapproval. Completed by \_\_\_\_\_ Date: \_\_\_\_\_

If approved, record event on Master Calendar. Completed by \_\_\_\_\_ Date: \_\_\_\_\_

## CONDITIONS FOR USE OF FACILITIES

1. The applicant must contact the deacon and/or elder—overseer of the ministry. This will ensure proper arrangements are made regarding opening/closing the building and refuse management.
2. Ministry personnel are responsible for set up, break down and clean up. Marsha is not available to clean up after ministry functions.
3. All trash must be taken to the dumpster, including trash from the Missions House (605). Please do not leave trash behind the carriage house.
4. All items must be returned to proper storage areas immediately after your event.
5. No food is to be left in the kitchen.
6. Items borrowed from 610 for use at 605 (chairs, tables, kitchen equipment, etc.) must be returned immediately after your function.
7. Due to lack of storage space, please do not leave items brought from home or elsewhere at the church or Missions House.
8. For audio/visual, complete page #2.

## Audio/Visual Equipment/Support

Please print legibly and submit the completed form no later than 2-weeks before the event date.

<b>Date of Request:</b>	<b>Name of Requestor:</b>		
<b>Contact Person (Full Name):</b>		<b>Phone#:</b>	
<b>Event Description:</b>		<b>Check:</b> Sanctuary <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Missions House (605) <input type="checkbox"/>	
<b>Day(s) of Event:</b> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>		<b>Event Date:</b>	
<b>Event Start Time:</b>		<b>Event End Time:</b>	
<b>Set-up Day:</b> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>		<b>Set-up Date:</b>	
<b>Equipment Needed:</b> Microphone <input type="checkbox"/> Video <input type="checkbox"/> Presentation (projector) <input type="checkbox"/> Monitor <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> (describe):			
<b>Special Instructions:</b>			
<b>Other Special Requests:</b>			
<b>For Audio Personnel Only</b>			
<b>Request Received (Date):</b>		<b>Time:</b>	
<b>Technician #1</b>		<b>Date Assigned:</b>	
<b>Technician 2 (if req'd):</b>		<b>Date Assigned:</b>	
<b>Approved By:</b>		<b>Date:</b>	
<b>Notes on this request:</b>			