

Today's Date: _____

Attn: Pat Borgstrom
(818) 575-2234
(818) 991-8051 Fax
patb@calvarycc.org

APPLICATION FOR FACILITY USE

Contact Name: _____ Company/Association Name: _____

Daytime Phone: () _____ Cell Phone: () _____ Fax: () _____

Email Address: _____

Address: _____ City: _____ Zip: _____

Affiliation to Calvary: _____ How? _____ Calvary Member: Y N

If *not* affiliated with Calvary, please tell us your ministry affiliation:

Event: _____

Date(s) of Event: _____ Time In: _____ Time Out: _____

Room(s) Requested: _____

Purpose of Event: _____

Describe in detail the event and activities planned:

To help us determine your billing status, please fill in the following:

Number of participants anticipated: _____ Ages: _____ Do you charge your participants? _____

Is yours a non-profit organization? _____ What is your non-profit status? _____ Tax ID # _____

(Required)

Any other information which you may wish to provide: _____

Please be prepared to submit the following information during the application process:

- Faith Statement
- Vision, Mission and Goal Statements
- Proof of Insurance

Certificate of Insurance is to be supplied 5 days prior to approved events listing *Calvary Community Church* as additionally insured.

Approved By: _____
Approved Rate: _____
Approval Date: _____
Tech Approval by: _____