

Application Form for Church Building Use

Name of Group _____

Name of Contact Person _____

Phone _____ Fax _____

E-mail _____

Mailing Address _____

City _____ State _____ Zip _____

Number Attending _____

Arrival Date _____ Arrival Time _____

Departure Date _____ Departure Time _____

Room needed: _____

Purpose of Group: _____

Special needs: _____

Church Administrator: Nancy Giasson
Monday – Friday 9am-Noon & 1-4pm