



SARNIA EVANGELICAL MISSIONARY CHURCH

707 TALFOURD ST.
SARNIA, ONTARIO N7T 1S1
519-336-9405

REQUEST FOR USE OF FACILITIES

NAME OR ORGANIZATION _____

CONTACT PERSON _____ SEMC Family Member

ADDRESS _____

PHONE _____

DATE OF APPLICATION _____

DATE OF FUNCTION _____

TIME & LENGTH OF FUNCTION _____

1. Type of function _____

2. Describe your use of the building _____

3 Rooms required:
Sanctuary _____ Gym _____

Fellowship Hall _____ Small Rooms _____
(Number)

Kitchen _____
(Small Room - Description)

4. Do you require the use of the sound system YES NO
(Recommended honorarium \$30/hour paid directly to the sound technician.)

5. Do you agree to abide to our "Use of Facilities" rules? YES _____
(Initial)

6. Does your organization carry insurance? YES NO
(Attach proof of insurance)

7. Approximately how many people will be attending your event? _____

Applicant Signature _____

Secretary Recommendation _____

Date Received _____

SEMC Representative Signature _____ Date _____

(Use the back of the page for additional information or explanation)

Office Use Only