



SARNIA EVANGELICAL MISSIONARY CHURCH

"To partner with God in developing genuine, fully devoted followers of Jesus Christ."

Request for Use of Facilities

NAME/ORGANIZATION _____

CONTACT PERSON _____ SEMC Family Member

ADDRESS _____

PHONE _____ EMAIL _____

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

Lounge

Kitchen

Other

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 by 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 _____

SEMC Admin Recommendation _____ Date _____

SEMC Representative Signature _____ Date _____

Office Use Only