



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

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