

**THE MOORINGS PRESBYTERIAN CHURCH  
REQUEST FORM AND APPLICATION**

---

Today's Date: \_\_\_\_\_

Group/Individual Name: \_\_\_\_\_

Name/Purpose of Event: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Organization\*: Non-Profit \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_

*\*Non-profit organizations must provide a letter verifying their 501C status.*

---

Facility Room: \_\_\_\_\_

Date(s): \_\_\_\_ Once Only \_\_\_\_ Multiple: \_\_\_\_\_

Weekly: \_\_\_\_\_ (Day of week) Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Bi-Weekly: \_\_\_\_\_ (Day of week) Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monthly: \_\_\_\_\_ (Day of week) Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Meeting Time(s): \_\_\_\_\_

Group Size: \_\_\_\_\_

Certified Crowd Control Manager: MPC to Provide \_\_\_\_\_ Group to Provide \_\_\_\_\_

Crowd Control Manager Name/Certification #: \_\_\_\_\_

---

***By signing this document, I acknowledge that I am responsible for paying the fees detailed on the "Event Planner" Worksheet created by Moorings Presbyterian Church. I also acknowledge that Moorings Presbyterian Church has the right to cancel any event and refund checks if Management feels the event is not consistent with the rules of the Church.***

**CLIENT APPROVAL**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_

