

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

Today's Date: _____

Group/Individual Name: _____

Organization*: Non-Profit _____ Member _____ Non-Member _____

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: _____

Once Only Date: _____

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: _____

Dates (if multiple): _____

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): _____

Approved By:

Signature: _____ Date: _____

