

LCCF Ministry Facilities Usage Application Form

Phone 780-928-3783 / Fax 780-809-2224
Email: lccfchurch@gmail.com

Date of Application

A. User Information:

Name of Ministry /
Group

Representative:
(Individual Name)

**It is the responsibility of the Representatives, that the facility is left clean and tidy.*

Contact Phone
Number:

E-mail

B. Event Details

Name of Event:

Start Date of Event:

Start Time:

End Date of Event:

End Time:

Number in Attendance:
(estimated)

Is this a recurring event?

Yes

No

If yes, please provide details: (For example, "Every Wednesday Night from October until May")

Building Access
Required (Date)

Time:

To:

Time:

Other Access Date
Details:

C: Facilities Required (check all that apply):

Sanctuary

Coffee Area

Kitchen

Conference Room

Multi-Purpose Room

Fireside Room

Family Room

Sunday School Rooms

Nursery

Other

D. Special Equipment or Other Requirements (check all that apply):

Sound System

CD Player

Projector

TV and DVD Player

Chairs

Tables

Gym Equipment

Other

For Office Use Only

Approved By: _____ **Date:** _____