



Facility/Equipment Use Form

Please complete and forward to info@crossroad-church.org or place in the Administration mailbox.

Today's Date: _____ Time Start of Event: _____

Date Requested: _____ Time End of Event: _____

Name of Ministry requesting the use of the facility: _____

Name & Describe Event: _____

Which facility are you requesting?

Worship Center _____ Youth Auditorium _____ Classroom _____ Empowerment Center _____ Kitchen _____

Do you need audio visual to be set up? _____ Yes _____ No

_____ Microphones _____ Cordless _____ Corded _____ Quantity _____ PowerPoint Projectors

_____ Keyboard _____ Drums _____ Organ _____ Special Lighting *(Please specify below)*

Do you need any tables or chairs? _____ Yes _____ No

****If yes, please specify set up style & time set up should be complete:**

Name of Contact Person: _____ Phone number: _____

I have read the CRCC Policy & Procedure Manual and understand it in its entirety. I acknowledge that in using the CRCC facility for my event, I am to abide by all the policies and procedures set forth in the CRCC Policy and Procedure Manual.

Administrative Approval: _____ Date: _____

Placed on Church Calendar: Yes /No *(circle one)* Date: _____

If no, please explain: _____

Forwarded to Facilities Operator: Yes /No *(circle one)* Date: _____

PLEASE NOTE:

***This form must be submitted to Administration no later than two weeks prior to the event date.**