



FOUNDATION CHRISTIAN FELLOWSHIP CHURCH

395 Garrisonville Road, Suite 106

(540) 288-2009

***Email:* info@foundation-ministries.org**

APPLICATION TO USE CHURCH PROPERTY AND FACILITIES

Today's Date: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

For what purpose do you wish to use the facilities? _____

Facilities requested:

- _____ **Sanctuary**
- _____ **Fellowship Hall**
- _____ **Children's Area**
- _____ **Administrative Area**
- _____ **Administrative office**

Equipment Usage/Church property

- _____ **Sound System**
- _____ **Microwave**
- _____ **Alter**
- _____ **Chairs**
- _____ **Refrigerator**
- _____ **Microphones**

Number of rooms requested _____

Date(s) and Time(s) of Requested Use:

Date(s) _____

Time(s) _____

Room(s) _____

Number to attend _____

Special Requirements (if any) _____

_____ **Verification of Liability Insurance by the Carrier
(If requested)**

Total Fee: _____

Approved/Date: _____

I have read and agree to accept the terms of the Use of Church Property and Facilities policy of Foundation Christian Fellowship Church as furnished to me.

Signature of Applicant

Date