



Centreville
PRESBYTERIAN CHURCH

FACILITIES USE REQUEST FORM

Today's Date: ____/____/____

Request:

Requesting Organization: _____

Event/Activity Title: _____

Date(s) and Time(s) Requested: _____

Room(s)/Area(s) Requested: _____

A/V Requirements: _____

Number of People Expected: _____ Age Groups: _____

Contact Person (responsible for supervising event, setup, and cleanup)

Name: _____

Address: _____

Phone: (_____) _____ home Phone: (_____) _____ mobile

Phone: (_____) _____ work Email: _____

CERTIFICATION:

I hereby certify that I have read and initialed each page of the attached Summary of CPC Facilities and Equipment Use Policies, and that they will be conscientiously followed:

Signature: _____ Date: _____

Please return to Jenni Aiello via e-mail (jenni@centrevillepres.com) or fax 703-830-8375

Centreville Presbyterian Church
15450 Lee Highway
Centreville, VA 20120
703-830-0098

FACILITIES MANAGER REVIEW:

Approved: ____ Not Approved: ____ Signature: _____ Date: _____

Staff Requirements: AV: _____ Custodian: _____

Other: _____