Facility Use
Permission Form

Date Submitted: _____/_____/_____

By: _____

E-Mail:_____

Phone: _____

Address: _____

Date: **From:** _____/_____/_____ **To:** _____/_____/_____

Reserve Time: **From:** _____ **To:** _____

Event Time: **From:** _____ **To:** _____

Event: _____ **Weekly** **Bi-Weekly** **Monthly** **One Time Event**

Estimated Attendance _____

Room(s) Requesting:

West 1 **West 2** **West 3** **East 1** **East 2** **East 3** **North 1**

Nursery **Toddlers** **Serving Kitchen** **Welcome Center** **North Welcome Center**

Worship Center **Family Theatre** **CSI Zone** **Mezzanine** **Office Area** **Resource Center**

Prayer Room

Resource(s): **Cloth Chairs** **Plastic Chairs** **Round Tables** **Rectangle Tables**

Sound Equipment **TV** **DVD Player** **Trailer**

DO YOU WISH TO USE CROSSROADS SOUND EQUIPMENT OR MUSICAL INSTRUMENTS? YES NO
(If yes, please complete the attached Sound / Video / Lighting Equipment Request Form)

DO YOU HAVE A KEY? YES NO

HAVE YOU SIGNED THE CROSSROADS KEY COVENANT? YES NO

Comments:

FOR OUTSIDE GROUPS, PLEASE ATTACH INSURANCE INFORMATION.

FOR OFFICE USE ONLY: **Ministry leaders - please sign and return by:** _____/_____/_____

Signature of Worship Arts Leader: _____ **Form sent:** _____/_____/_____

Signature of Hospitality Ministry Leader: _____

Signature of Children's Ministry Director: _____

Signature of Facility Coordinator: _____

Signature of Executive Pastor: _____

FACILITY USE APPROVED: YES or NO DATE: _____/_____/_____