

Facility Use for Non-Church Function Request Form
Poplar Springs Church Adrian, Ga

Purpose of Event: _____

Date of Event: _____

Times: Start Time _____ Finish Time _____
(Include Setup, Tear Down And Cleanup Time)

Number of Attendees: _____

Areas Required: Sanctuary _____ Kitchen _____
Fellowship Hall _____ Outdoors _____
Classroom: _____

Usage Fee for Fellowship Hall and/or Kitchen: \$50.00

Usage Fee for Sanctuary: \$150.00

Security Deposit for any use (refundable): \$100.00

Total Fees:	
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I have read and understood the Bylaws of Poplar Springs Church.
I will abide by the Bylaws of Poplar Springs Church.
I understand I am financially liable for any damage to church facilities.

Undersigned

_____	_____
Print Name	Signature

Date: (mm/dd/yyyy): _____

Telephone(s): _____

Email(s): _____

Address(s): _____

Facility Use Administrator	_____	_____
	Print Name	Signature
Trustee Approval	_____	_____
	Print Name	Signature
Ensure next Church Conference is notified of Church Facility Use.		
<u>Date: (mm/dd/yyyy):</u> _____		

<u>Trustee or designee doing inspection of the facilities before deposit is returned</u>	
<u>Date: (mm/dd/yyyy):</u> _____	Deposit Returned
_____	_____
Print Name	Signature