

REQUEST FOR USE OF FAIRVIEW MORAVIAN FACILITIES

Date request was made: _____

Date requester needs to know by: _____

Person making request: _____

Address: _____

Telephone: _____

Email: _____

Connection to Church? _____

Fairview sponsor: _____

Organization: (Name): _____

Group purpose: _____

Building(s) or room(s) Property needed: _____

Approximate number of people: _____ Date of event(s): _____

Date of Last Event at FMC: _____

Beginning and ending times: _____

Purpose: _____

Special needs or arrangements _____

Below Office Use Only

Possible calendar conflicts: _____

Is a church contract required? Yes ___ No ___

Liability Insurance required? Yes ___ No ___

If so, insurance document received? Yes ___ No ___

Usage charge: _____ Applicable costs explained? _____

Request referred to: _____ Date: _____

Approved: _____ Not approved: _____ Date: _____

Response conveyed to person making request by: _____