



10970 185th Street West ♦ Lakeville, MN 55044 ♦ 952-985-0990

FAMILY OF CHRIST - FACILITIES USE AGREEMENT

Name of Event: _____

Date of Event: _____

Beginning Time: _____ Ending Time: _____

If this is a recurring Event:

☐ Daily

☐ Weekly

☐ Monthly

Circle all that apply:

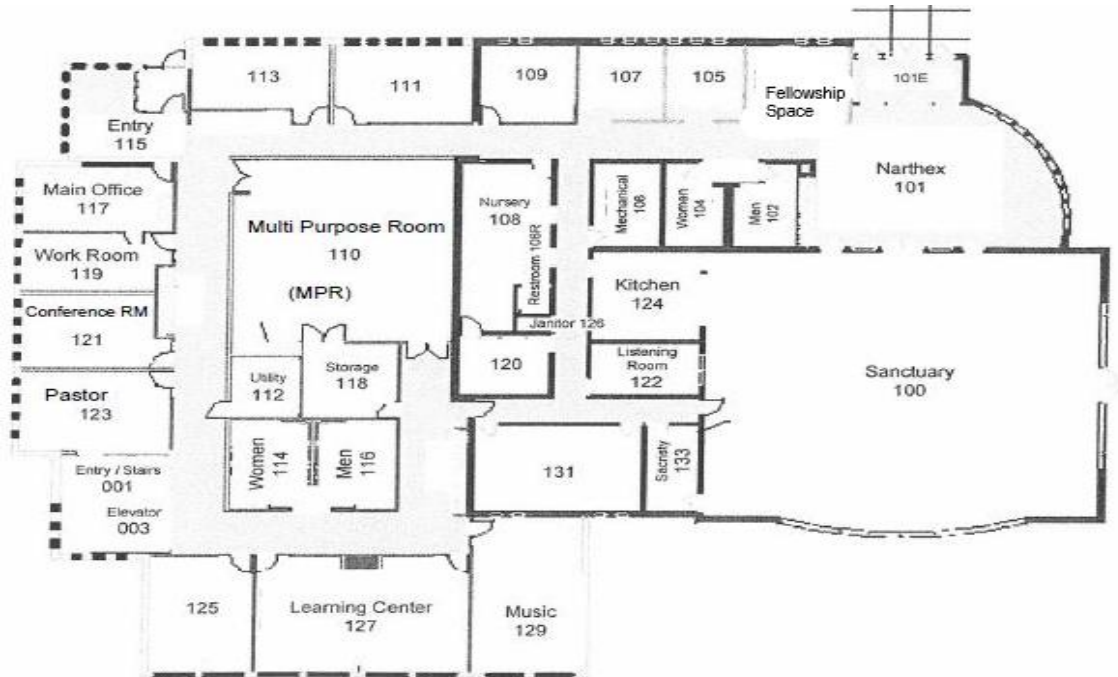
Sun Mon Tue Wed Thurs Fri Sat
1st 2nd 3rd 4th last

Ending Date of Recurring Event: _____

IMPORTANT: List any dates this recurring event will NOT meet (use back if necessary): _____

Rooms Preferred:

Sanctuary
Narthex
Fellowship Space
Rm 105
Rm 107
Rm 109
Rm 110 (MPR)
Rm 111
Rm 113
Rm 121
Rm 124 (Kitchen)
Youth (downstairs)



I/We have read the Family of Christ Facilities Use Policy and AGREE TO ALL TERMS AND CONDITIONS

Signature: _____ Date: _____

Phone: _____ Email: _____

OFFICE USE ONLY:

Agreement signed by: _____ Date: _____

Fee Paid: _____ Date: _____