Mt. Summit Christian Church BUILDING USE APPLICATION

Group Name	Purpo	se of Use	_
Applicant's Name	Address	Phone	
Area of Building to be Used: Sanct	uary Fellowship Ha	II Family Center	
Contact Person (if other than applied	cant)	Address	_ Phone
Date of Event Hours	NeededIs this	a fund raising activity? Yes	_No
Number of Participants	_ Will food be served? Ye	es No	
List planned foods			
Church equipment/fixtures needed			
Groups using the facilities must sig	n an ASSUMPTION OF RIS	K/RELEASE FORM.	
Note that if a death occurs in the clare the exception).	nurch family, use of the facili	ties will revert to the church (sched	uled weddings
I, the undersigned have read the polynomial in the inderstand and accept the response			ies. Furthermore,
Signature		Date	
Printed Name			
++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++
	Mt. Summit Christia		
The undersigned hereby accepts a group utilizing the facilities of Mt. S 20, which may exist by reaso	ummit Christian Church in a	ccordance with the agreement date	
IN WITNESS WHEREOF, the under, 2		Statement of Assumption of Risk an	d Release this
		FOR OFFICE USE ONI	_Y
Signature Signat		Application Approved By	
Printed Name		Signatur	e
		Committee Member Minis	ster

Date

Mt. Summit Christian Church REQUEST FORM – USE OF CHURCH EQUIPMENT/FIXTURES (active members only)

Name	Address _	Phone
Purpose or Event		
Please list the items you wish	to borrow	
Items will be picked up on:	Date	Time
Items will be returned on:	Date	Time
I understand that I am responsoutside overnight. Any damag		ipment/fixtures borrowed. I will not leave any church equipment for by me.
Signature	_	 Date
Printed Name	_	