



CHURCH EVENT

CHURCH GROUP/MINISTRY BUILDING USE REQUEST FORM
FAIRVIEW ROAD CHURCH OF CHRIST

Date: _____

Group: _____

Leader: _____

Phone Number: _____

Date Requested: _____

Area Requested: _____

Time Requested: _____

Area Approved: _____

Date Approved: _____

Approved By: _____

Office Use Only			
W-1	<input type="checkbox"/>	W-2	<input type="checkbox"/>
W-3	<input type="checkbox"/>	W-4	<input type="checkbox"/>
W-5	<input type="checkbox"/>	Aud.	<input type="checkbox"/>
Foyer	<input type="checkbox"/>	FH	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	S-5	<input type="checkbox"/>
S-7	<input type="checkbox"/>	S-9	<input type="checkbox"/>