

FIRST PRESBYTERIAN CHURCH
621 College Avenue
Wooster, OH 44691
330-264-9420
office@firstpreswooster.org

EVENT DATE: _____

Event Scheduling

Name of Organization: _____

Non-Profit Status: _____ Federal ID# _____
(Attach IRS Determination Letter)

Event name and description: _____

Date Room Request Made: _____ Date Accepted: _____

Event Time: _____ End Time: _____

Set-Up Times: _____

Recurring Event: _____

_____ One time only _____ Monthly _____ Bi-Monthly

_____ Weekly _____ Multiple Days

Which day(s) of the week (circle)?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Room(s) requested:

___ Sanctuary	___ Chapel	___ Bruch Hall	___ Classroom 1
___ Classroom 2	___ Classroom 3	___ Youth Center	___ Nursery
___ Kitchen	___ Library	___ Parlor	___ Parlor Kitchen
___ Liturgical Rm			

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: () - _____ Cell Phone: _____

Email: _____

****Rooms are not scheduled more than 9 months in advance.**

Anticipated number of participants: _____

Will a participant fee be charged: ____ Yes ____ No

Will food or drink be consumed? ____ Yes ____ No

Special needs or requirements

- Dishwasher _____
 - Coffee maker & pots _____
 - Linens _____
 - China & Silver _____
 - Digital projector & screen _____
 - Classroom TV _____
 - Sound system _____
 - Platform stages _____
 - Other (Please describe) _____
-

Set up instructions (provide a sketch)

ACCEPTANCE OF RESPONSIBILITY

I agree to be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of the activity. I will remove all signs posted by my group after the meeting has ended. I further agree that the church property will be used in accordance with ***Rules and Regulations of the Session.***

Signed _____

Printed Name _____

Title _____

Date _____

Billing Address _____
