

**FACILITY USE REQUEST**

1150 HILFIKER LN SE  
SALEM, OR 97302

DATE REQUESTING FACILITY: \_\_\_\_\_  
TIME: \_\_\_\_\_

FUNCTION: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**FACILITIES REQUESTING** (check all that apply)

AUDITORIUM \_\_\_\_\_ FELLOWSHIP HALL \_\_\_\_\_ KITCHEN \_\_\_\_\_  
FRONT LAWN \_\_\_\_\_ BALL FIELD \_\_\_\_\_ NURSERY \_\_\_\_\_  
CLASSROOM \_\_\_\_\_ (please include how many rooms will be needed)

**YES NO**

\_\_\_ \_\_\_ Do you intend to move any church floral or greenery  
arrangements?  
\_\_\_ \_\_\_ Do you intend to move any church furniture?  
Person responsible for removing and replacing \_\_\_\_\_

Are there any other special arrangements or unusual features that you want  
considered as a part of your application? \_\_\_\_\_

Do not assume that any of the requests will be automatically accepted. The  
final terms will be stated upon approval of your application.

**APPLICATION IS** \_\_\_\_\_ **APPROVED** \_\_\_\_\_ **NOT APPROVED**  
**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\* It is understood that the contact person is responsible to clean up all personal  
items and replace all furniture, floral and greenery arrangements to original  
locations.  
Rev 2006