

Contact Person: \_\_\_\_\_  
First Last

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Please Select Group Description:

Non-profit For-profit FPC Member Non-member

Number Expected: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Room/Facility Request:

- Sanctuary
- Chapel
- Fellowship Center
- Foyer
- Classrooms

Please Check the Appropriate Boxes:

- Equipment Needed
- Will Pickup Key
- Custodial Services Needed (\$20/hr; 2hr minimum)
- Copy of Liability Coverage Turned In
- Certificate of Exemption Turned In (Non-Profits)
- I agree to abide by the guidelines
- Use of kitchen

Additional Information:

---

---

---