



VICTORY CHURCH & CHRISTIAN ACADEMY



Facilities Use Application

Event Name: _____ Today's Date: _____

Organization (Group): _____ Contact: _____

Daytime Phone: _____ Address: _____

Evening Phone: _____

Cell Phone: _____

Fax: _____ Email: _____

One Time Use Requested Date: _____ Time of Use: _____ to _____

Long Term Use If long term, day (or evening): _____

Breaks will you be taking during the year (if any): _____

Approximate number of people expected: _____

Set-up: Day _____ Date: _____ Start Time: _____ End Time: _____

Clean-up: Day _____ Date: _____ Start Time: _____ End Time: _____

Description of Event: (including any and all equipment, decorations, party rentals and set-up diagram)

Room(s) Requested: EAST Campus WEST Campus

Church Hall/ASB Rm. Kitchen Classroom(s): Rm # _____

Outdoor Restroom Facilities Lunch Area Parking Lot

__ Audio Needed __ Projector __ TV/VCR __ Piano __ Refrigerator __ Microwave __ Overnight

__ Tables: Number: _____ __ Chairs: Number: _____

Other: _____



It is understood and agreed by the person(s) or organization(s) using the facilities of Victory Church and Christian Academy, that they shall hold "Victory" harmless from any and all claims and/or suits brought about as a result of injury and/or property damage occurring on the premises of "Victory" during the period of their use.

Print Full Name of Authorized Agent: _____

Organizations Authorized Agent Signature: _____ Date: _____

Diagram: Submit on separate paper if needed

For Office Use Only:

Proof of Insurance Required? Yes No Date Proof Submitted: _____

Contract Needed? Yes No Date Submitted: _____

Keys Issued? Yes No Type: _____

Availability Checked: _____

Facility Use Fee: \$ _____ Description: _____

Deposit: \$ _____ Due on: _____ Paid on: _____

Balance \$ _____ Due on: _____ Paid on: _____

Approved Denied: _____

Approved by Signature: _____ Date: _____

