

Room Use Request

Name/Organization: _____

Responsible Party/Person: _____

Contact Information: _____

Address: _____

Are you a member of the Church? _____

Dates Requested: _____ Alternate dates: _____

Type of Event: _____

Times: _____

of guests: _____

Room requested: _____

Please check what applies:

use of kitchen use of electronics set up/tear down

outside catering potluck style in need of staff

Need of Host help

By signing below, you understand that WLCC reserves the right to provide the facilities free of charge to organizations or like charities, should it be deemed appropriate. Upon approval, you will receive set price and/or waiver of charge, respectable use of facility agreement and a waiver of liability form. Thank you for considering WLCC for your event.

Signature

Date

Printed name