



st. giles

WORSHIP · GROWTH · SERVICE

Request for Facility Use

Name: _____ Date: _____

Department/Team: _____

Title (If Applicable): _____

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE ABOUT YOUR EVENT

Name of Event: _____

Date of Event: _____ Times: From: _____ AM/PM Until: _____ AM/PM

Description of Event: _____

Est. Cost to St. Giles: _____ Cost to Participants: _____

Childcare Provided? _____ RSVP/Reservation Deadline: _____

Sponsored by (Ministry): _____

Contact Person: _____

Phone: _____ Email: _____

Location (if offsite, please provide address, directions and contact information):

Facility/Room Requested: _____

Desired Set-Up: _____

Equipment Needed: _____

Who will Facilitate Set-up/Clean-up? _____

