



Date Request Submitted _____

Submitted by _____

FACILITY USE REQUEST ~ Main Building

Date of Event: _____ (Sun Mon Tues Wed Thurs Fri Sat)
Circle day(s) requested.

Start Time: _____ End Time: _____

Name of Group: _____

Contact person name & phone # : _____

Purpose of Event: _____

Number expected: _____

Rooms needed:

____ Auditorium ____ Kitchen ____ FS
____ Gym ____ Nursery ____ Other

Name & phone # of person in charge of clean up:

General Information

- * The contact person named above is responsible for opening, proper use, and securing of the building following the event. Any questions or problems will be directed to this person. This contact person must make all arrangements for set-up and operation of AV equipment (sound, overhead & slide projectors, etc.) prior to the event.
- * If equipment (e.g., tables, chairs, sports equipment, sound / lighting equipment, etc.) is moved, it must be returned to it's original location after the event.
- * If a sound operator is needed, a fee may be assessed.
- * If extra custodial work is needed, a fee **will** be assessed.

FOR OFFICE USE -

____ Calendar Clear

____ Approved by staff _____



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____ Calendar Clear

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MAIN BUILDING
CLEAN UP CHECK LIST

Return completed form (following your use) immediately to Wellspring office.

- | YES | NO | |
|------------|-----------|---|
| ___ | ___ | The floors in the rooms you used were swept or vacuumed? |
| ___ | ___ | The tables, chairs, equipment and / or supplies returned immediately to their place of storage after use. |
| ___ | ___ | All wastebaskets, including those in the bathrooms, emptied in the trash containers outside. |
| ___ | ___ | All the inside lights turned off. |
| ___ | ___ | Checked all doors to make sure they were locked. |

DID YOU USE THE KITCHEN?

- | | | |
|-----|-----|---|
| ___ | ___ | All dishes and utensils washed and put away. |
| ___ | ___ | The stove and / or counter tops cleaned. |
| ___ | ___ | The wastebaskets were emptied and new trash liners put in them. |
| ___ | ___ | Appliances were turned off and cleaned. |
| ___ | ___ | Floors were swept and mopped. |
| ___ | ___ | Wash cloths and towels were taken to be laundered and returned. |

I have read through this use agreement and will assume responsibility for making sure these things outlined above are taken care of. I realize that my / our failure to do so could jeopardize my / our privilege of using the church facilities for ministry in the future and could result in being charged a janitorial fee for any necessary clean up.

Please list any custodial needs noticed: (Toilet paper, hand towels, etc.)

Need and location: _____

Please list any maintenance needs required: (Light bulbs, leaks, etc.)

Need and location: _____

Any other comments here regarding the use of the Main Building or supplies needed:

Person assuming responsibility for use / clean-up:

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Person assuming responsibility for use / clean-up:

MAIN BUILDING
Pre-Party Inspection Sheet

Return completed form 1 day prior to your function to the Wellspring office.

YES NO

- The floors in the rooms were swept or vacuumed?
- Bathroom floors & counters clean?
- All wastebaskets, including those in the bathrooms are empty.

ARE YOU GOING TO USE THE KITCHEN?

- All dishes and utensils are washed and put away.
 - The stove and / or counter tops are cleaned off.
 - The wastebaskets are empty and fresh trash liners are in them.
 - Appliances are turned off and clean.
 - Floors are swept and mopped.
 - Wash cloth and towel hamper is empty.
-

Please list any custodial needs noticed: (Toilet paper, hand towels, etc.)
Need and location: _____

Please list any maintenance needs required: (Light bulbs, leaks, etc.)
Need and location: _____

Any other comments here regarding the use of the Main Building or supplies needed:

Person who did Pre-Party Inspection and is assuming responsibility for
use / clean-up: _____.

Date key checked out: _____ Date key returned: _____

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