

Facility Use Request

Date Submitted: _____

Send completed form:

By Mail: Gaylord E-Free Church
P.O.Box 493
Gaylord, MI 49734
Fax: 989.732.6120
Email: bswitalski@miefree.org

Date(s) of Event: _____

Arrival Time for Set-up: _____ Exit time from Building: _____

Time the Event begins: _____ and ends _____

Organization or Individual making request: _____

Contact Information:

Phone _____ Cell _____ Email _____

Please check:

- Gaylord E-Free Ministry Event
- Wedding
- Personal Event

Please provide a brief description of set-up requested _____

You will be contacted by the Church Administrator to discuss your request within a few days. If approved, more information may be needed to complete your set-up request.

I have read, understood and will comply with the "Facility Use Procedures and Rules".

Signature: _____

Event Supervisor