

(Updated: 9-9-2009)

North Terrace Church of Christ
Facilities Change Request Form

Today's Date: _____

Person making request for change:

Home phone: () _____ Email: _____

Circle one: Member Non-member Outside Group

Name of Event: _____

Name of group/organization: _____

Address for group/organization: _____

Contact Person: _____ Phone number () _____

Address: _____ Email: _____

Original date that you requested for your event: _____

Revised date that you would like: _____

Starting time: _____ Ending time: _____ Number expected: _____

Please explain your reason for requesting this change. Note any tech support changes:

For office use only

Proof of Insurance: _____

Total Fees: _____

Paid: _____ Check number: _____

Payment Received on (date): _____ By: _____

Balance Due: _____

| |
|---|
| Event Date: _____ |
| Date request received: _____ Rec'd By: _____ |
| Approved by: _____ On: _____ |
| Confirmation sent: _____ |
| Edited on Church Scheduler on: _____ |
| Tech needs copied/given to DG: _____ |
| Mail copy to requestor: _____ Total Fees: _____ |