

North Terrace Church of Christ

Facilities Change Request Form

Person Making Request for change: _____

Date of Request for change: _____

Telephone: (____) _____ email: _____

(Check One)

Member _____ Non- Member _____ Sister Church _____ Group _____

Name of Event: _____

Name of Group or Organization: _____

Address for Group or Organization: _____

Contact Person: _____ Telephone Number () _____

Address: _____ email: _____

Date of event: _____ Time of event: _____ to _____ Number of Attendees: _____

Please explain reason for request and what changes you are requesting:

Fees Paid: _____ Proof of Insurance: _____ Total Charge: _____

Request Approved: _____ Request Denied: _____

Reason for Denial: _____

Administrator/Facilities Minister: _____ Date: _____

1 Copy: Person Making Request

1 Copy: Facilities Minister

1 Copy: Administrator

Form: FR-3