

APPLICATION FOR USE OF IMMANUEL ALLIANCE CHURCH

800 South Market Street, Mechanicsburg PA 17055
(717) 766-4633 ~ (717) 766-6712 (Fax) ~ secretary@immanuelcma.org

REQUESTED DATE: _____ TODAY'S DATE: _____

TIME OF EVENT: _____ TYPE OF EVENT: _____ NUMBER ATTENDING: _____

REFUNDABLE SECURITY DEPOSIT: _____ PAID/REFUND DATES: _____

FEE: (to be paid 10 days prior to event: _____ CONTACT PERSON: _____

GROUP NAME MAKING REQUEST: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

FACILITY REQUESTED: _____ Sanctuary (NO food or beverage permitted)
_____ Prayer Room (NO food or beverage permitted)
_____ Fellowship Hall
_____ Kitchen
_____ Nursery

SUNDAY SCHOOL ROOMS:

<input type="checkbox"/> Room #1	<input type="checkbox"/> Room #4	<input type="checkbox"/> Room #11	<input type="checkbox"/> Room #14	<input type="checkbox"/> Room #17
<input type="checkbox"/> Room #2	<input type="checkbox"/> Room #5	<input type="checkbox"/> Room #12	<input type="checkbox"/> Room #15	<input type="checkbox"/> Room #18
<input type="checkbox"/> Room #3	<input type="checkbox"/> Room #10	<input type="checkbox"/> Room #13	<input type="checkbox"/> Room #16	<input type="checkbox"/> Room #19

Will your group need?

Loaner Key Tables # _____ Chairs # _____ Sound TV/VCR Projector/Screen

If your application is approved, the area requested will be reserved for you. Other areas may be reserved by other groups. Please respect their facility space.

NOTE: Each individual group/contact person will be responsible for your reserved area. The area **MUST BE CLEAN** and **REORGANIZED** after the scheduled event. Security deposit due immediately. Fees must be paid 10 days prior to event. Contact person will be responsible for locking facility. Loaner key must be returned at end of event.

**** I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO UPHOLD MY RESPONSIBILITY.**

Signature of Contact Person: _____ Date: _____

_____ APPROVED _____ DENIED (Church Use Only)

Signature _____

Date:
