

B. Date(s) Requested

Times(s) Requested

USE OF FACILITIES QUESTIONNAIRE

This questionnaire must be completed and submitted to -----for their review and approval before any individual or organization, which is not affiliated with our ministry, will be allowed use of ministry facilities.

I. GENERAL INFORMATION

A. Name of Requesting

Organization:

Address:

City

State

Zip

Contact Person:

Position in Organization:

Address (if different from above):

Phone (if different from above):

(_____) _____

B. Ministry

Primary Activity in which the Organization is engaged:

C. Is this Organization organized or operated for profit?

Yes

No

D. Is the Organization a Non-Profit Religious Organization engaged in exempt activities?

Yes

No

If yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization Brochures, Letter of Recommendation or other source of information disclosing your religious purposes or orientation.

E. Have you made contact with any local non-exempt facilities (i.e. convention center, etc.)? Yes

No Reason(s) non-exe

II. EVENT INFORMATION

A. What is the purpose and/or nature of the proposed activity your organization intends to sponsor in/on our facilities? Please describe the proposed activity in detail and/or furnish us a copy of the program outline.

C. How will event participants' entry be controlled? Check appropriate category(s). 1. Pre-

sold tickets.

2. Admission fee at door.

3. Open (free) admission to all.

4. Pre-registration members and/or guests.

D. Will there be a financial charge to attendees? Yes No

How much will it be?

E. Will anything be sold or distributed in association with the event? Yes No If

yes, describe

F. How many people are expected to attend event?

G. What portion of our facilities will be utilized in conjunction with this event? (Please specify on a room by room basis)

H. Which of the following listed manpower needs would you expect our ministry to provide?

Parking Attendants

Ticket Takers

Ushers

Registration Personnel

Other (Describe)

I. Special Set-up Requirements - Please describe below in detail any proposed furnishing set-up needs by time of need and number of items.

J. Technical Services - Please describe below in detail, sound, lighting, staging, musical, audiovisual and any other services which will require assistance by our Technical Services staff.

