



Facilities and Equipment Reservation Request

To expedite the approval of a Reservation Request, please complete and sign this form

Contact Name _____ E-Mail _____

Address _____ Phone _____

☐ Journey Church Member ☐ Other _____

Purpose for Using Church Facilities/Equipment _____

Date(s) Requested: _____ Time: from _____ am/pm to _____ am/pm

☐ Recurring Request: _____

Estimated Attendance: _____ ***There must be an Journey Church member present at all times.***

Church Facilities Requested: _____

Special Church Facilities Requested: ☐ Kitchen ☐ Nursery ☐ Audio Visual Equipment & Audio-Visual Personnel

☐ Catered Meal, if so by: _____

Furniture/Equipment Requested: _____

☐ Request to Use Church Furniture/Equipment off Church Grounds

☐ Request Church Custodian/s to Set Up for Event according to Diagram on Back (additional charges may apply)

If Charging for Event, Reason for Charge: ☐ Cover Supplies/Materials/Costs ☐ Non-Profit Fundraiser ☐ Business Profit

Complete Only If Use Is for a Group or Organization

Name of Group/Organization _____ Non-Profit? ☐ Yes ☐ No

Purpose/Goal of Group _____

Address of Organization (if applicable): _____

Phone _____

By my signature below, I acknowledge that I have received, read and understand the policies of the Journey Church as set forth regarding the use of the church's facilities and equipment and my financial obligations as outlined therein. I agree to abide by all policies and will be responsible to see that all members of my group also abide by them.

Signature _____ Date _____

For Church Office Use Only

☐ Paid Refundable Deposit ☐ Gave copy of Facilities/Equipment Policies & Doctrinal Statement

Journey Church Representative: _____

Approved By: ☐ Facilities Coordinator ☐ Other _____ Date ____/____/____

Reason for Disapproval: _____

Journey Church of Clinton, Iowa

