

BUILDING & GROUNDS USE REQUEST FORM

Thief River Falls Free Church

211 Arnold Ave. N., Thief River Falls, MN 56701, 681-3855

Today's Date:

Requested by whom:

Purpose of Building Use:

Date(s) requested:

Time(s) requested:

Room(s) requested:

Number of people involved in event:

Equipment needed:

Contact person - name, address and phone number:

Confirmation date needed by:

Other information:

For Office Use Only (Make copy for office notebook, and give original to Facilities Chair)

Date Facilities Chair was contacted: _____

Phone call: _____, Fax: _____, E-Mail: _____, In Person _____

Rental Fee (if applicable): _____

Approved by: _____