

Church of the Rock
 PO Box 313
 1091 Fairfax Road
 St. Albans, VT 05478



Phone: 802-524-9644
 Fax: 802-527-7515
 Email: cotrvt@verizon.net
 Web address: cotr-vt.com

FACILITY USE FORM rev 02/08

Please refer to information sheet on back for complete instructions.

1. Name of Organization _____ Today's Date _____
 Representative _____ Phone: _____ Other phone: _____
 Billing Address: _____
2. Purpose of use: _____ Small Group Form complete
3. Date and time of use: Recurring Start date: _____ End date: _____

Notes:

	Month/date/year	Time in	Time out	Time of event
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____

4. Requested facility:

<input type="radio"/> Sanctuary	<input type="radio"/> Conference Room	<input type="radio"/> Preschool Room
<input type="radio"/> Lobby	<input type="radio"/> Library	<input type="radio"/> Elementaryl Room
<input type="radio"/> Cry Room	<input type="radio"/> Fellowship Hall	<input type="radio"/> Yourth Room
	<input type="radio"/> Kitchen	<input type="radio"/> Patio
5. Number of people expected: _____ Do you require help w/setup? (Fee may apply): _____
 If yes, explain: _____

(Please feel free to attach a layout of the setup for furniture and equipment)

6. Audio/visual equipment: Yes No Additional charges may apply.
 Call COTR media services 802-868-4604 for availability of a qualified technician.
7. Will this event include activities that may require additional liability insurance? Yes No
8. Will food be served at this event? Yes No If yes, please see back for kitchen guidelines & regulations.

I understand and agree to guidelines and regulations on the back of this form. I take full responsibility for any and all damages that may result from the use of the facilities which shall include but is not limited to extra custodial charges and possible repair/replacement costs.

Signature of Responsible Party _____ Date _____

Please see reverse for fees, authorization, guidelines and regulations. Thank you.

