

# APPLICATION FOR USE OF FACILITIES

LIBERTY EVANGELICAL FREE CHURCH  
PELLA, IA

Application Date\_\_\_\_\_

**NAME OF ORGANIZATION**\_\_\_\_\_

Non-Profit Yes\_\_\_\_\_ No\_\_\_\_\_

Mailing Address\_\_\_\_\_

Contact Person\_\_\_\_\_

Work Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

Purpose of Meeting(s)\_\_\_\_\_

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Anticipated Attendance\_\_\_\_\_

Date(s) facility required\_\_\_\_\_

Time\_\_\_\_\_AM / PM to \_\_\_\_\_ AM / PM

Room Preference:\_\_\_\_\_

Requirements: (please check) Chairs\_\_\_\_\_ Tables\_\_\_\_\_

Sound System\_\_\_\_\_ Audio / Visual Equipment (specify)\_\_\_\_\_

Other information:\_\_\_\_\_

I certify that I have read the "Facility Use Policy" and that I and all members of the group I represent will abide by it.

Signature of Organization Representative\_\_\_\_\_

Title (if applicable)\_\_\_\_\_