



1601 Green Lane  
West Chester, PA  
19382  
610-436-0807  
www.adventwc.net

### Facility Usage Application

Name of Organization: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home or Cell (please circle one)

Will this be a reoccurring Rental? Y or N If yes, please select below.

Monday Tuesday Wednesday Thursday Friday Saturday

*Time Request : Please indicate day and time above. Include setup and clean up*

Date: \_\_\_\_\_ End Date if reoccurring: \_\_\_\_\_

Will your group require a key? Y or N People in attendance: \_\_\_\_\_

Rooms Requested:

**Check all that apply:** Social Hall/Gym \_\_\_\_\_ Kitchen \_\_\_\_\_  
Classrooms: \_\_\_\_\_ Sanctuary \_\_\_\_\_ Youth Room \_\_\_\_\_

Tables Needed: Y or N If yes, How many? \_\_\_\_\_

Chairs Needed: Y or N If yes, How many? \_\_\_\_\_

Church Council will consider an appropriate donation for the usage time and space;  
They will also assess a custodial fee as appropriate.

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For Office Use Only

Fee:

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_