

Evangelical Covenant Church  
FACILITY USE FORM  
GENERAL

COPIES TO:			
<input type="checkbox"/> NR	<input type="checkbox"/> LB	<input type="checkbox"/> KS	
<input type="checkbox"/> CM	<input type="checkbox"/> MH	<input type="checkbox"/> DN	
<input type="checkbox"/> DG	<input type="checkbox"/> OTHER	_____	

Date of Use \_\_\_\_\_

Time of Event (starting and ending) \_\_\_\_\_

Time You Would Like the Church Open \_\_\_\_\_ Approximate Number of Participants \_\_\_\_\_

Name of Organization/Event \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

BUILDING AREA REQUESTED

Main Building:

Worship Center  Courtyard  Kitchen  Youth Center  Classrooms (# )

Family Life Center:

Assembly Room  Classrooms (# )  Gym  Kitchen

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EQUIPMENT/OTHER REQUESTED

TV/VCR/DVD  Overhead  Flip Chart  Video Projector

Sound/Projection (requires sound person if in Worship Center)

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SET UP NOTES

(Please note here your set up needs, i.e. chairs only, tables and chairs, piano. Please indicate the number of chairs and tables you will need and if you need 8' tables or round tables)

# CHARGES

Worship Center	\$ _____
Courtyard	\$ _____
Assembly Room	\$ _____
Kitchen (limited or full use)	\$ _____
Classrooms	\$ _____
Gym	\$ _____
Custodial	\$ _____
Sound/Projection Technician	\$ _____
Other (i.e. candles)	\$ _____
	_____
Total	\$ _____
Down Payment	\$ _____
	_____
Balance Due	\$ _____

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I have read the Building and Usage Policies and will abide by them, I have requested the space and/or equipment designated on this form, and I agree to be responsible for paying the costs listed above and any additional costs incurred by my usage or damage to facility.

Signature of contact person \_\_\_\_\_ Date \_\_\_\_\_

Return to:

Evangelical Covenant Church  
5405 Hart Lane NW  
Bemidji, MN 56601

Fees will be determined by # of people  
and rooms needed

[evancov@paulbunyan.net](mailto:evancov@paulbunyan.net)

Fax: 218-444-1373