

**ST. PAUL'S**  
**Church Facility Reservation**  
**Request and Agreement**

Name of person or organization requesting use of facilities: \_\_\_\_\_

Please check one of the following:

- Confirmed St. Paul's communicant in good standing.
- Community Organization /Non-Profit Organization
- Inactive church member/Non-Parishioner

Contact information of the using organization/individual if not a member of St. Paul's Summerville.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

If the requested use is by an organization not affiliated with the church, please briefly state:

The organization's purpose and mission:

Non-profit status:

Please list the organization's website, if any:

\_\_\_\_\_  
Please list the names of the organization's office-holders and leaders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle which church facility you are requesting to use and your intended purpose of the facilities:

Doar Hall

Atrium only

Ambler Hall

What date(s) and time(s) are you requesting to use the facilities?

Date and day of the week: \_\_\_\_\_

Start time (no earlier than 9:00 am): \_\_\_\_\_ End time (no later than 10:00 pm) \_\_\_\_\_