

Spirit and Truth Worship Center  
277 Main Street  
Loganville, GA 30052

Curt W. Buckmire      Nedra L. Buckmire  
Senior Pastor          Pastor



## **FACILITY USAGE FORM**

*(Please Fill Out All Forms Completely & Legibly and Return To The Church Office)*

TODAY'S DATE: \_\_\_\_\_

REQUESTOR'S NAME: \_\_\_\_\_

REQUESTED MEETING DATE: \_\_\_\_\_ REQUESTED TIME: \_\_\_\_\_

MINISTRY: \_\_\_\_\_ # OF PARTICIPANTS \_\_\_\_\_

PURPOSE OF MEETING: \_\_\_\_\_

EQUIPMENT NEEDED (I.E., TABLES, CHAIRS, EASEL, TV/VCR, ETC.): \_\_\_\_\_

FACILITY NEEDED: (PLEASE SELECT THE ROOM YOU ARE REQUESTING FOR USAGE)

CHILDREN'S       FRONT OFFICE       MAIN SANCTUARY

### **FOR OFFICE USE ONLY**

Requested Dates Available:       Yes       No      If Not, What Dates Are Available: \_\_\_\_\_

Requested Times Available:       Yes       No      If Not, What Times Are Available: \_\_\_\_\_

Room(s) / Location Assigned: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Denied By: \_\_\_\_\_ Reason For Denial: \_\_\_\_\_

Date Requestor Notified Of Decision: \_\_\_\_\_