



## INQUIRY FORM

### GROUP

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### CONTACT PERSON:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

### DATE(S) AND TIME(S) YOU WILL BE REQUIRING THE USE OF THE BUILDING

(Please type or write in the date(s) and time(s) for each month)

January	_____	February	_____
March	_____	April	_____
May	_____	June	_____
July	_____	August	_____
September	_____	October	_____
November	_____	December	_____

### ROOMS AND PERSONNEL REQUIRED (please check)

#### FACILITY

- Chapel
- Fellowship Hall
- Kitchen
- Sanctuary / Concert Hall
- Servery
- Keyboards

#### PERSONNEL

- Administration
- Audio Lighting Visual
- Custodial
- Minister
- Organist
- Set up and take down