

# FCC Community House - Facility Use Form

**Date of Event\*:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Program/Activity:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**\*List Additional Days/Dates Here** (ex: 1<sup>st</sup> Monday of the month, weekly until, etc.):

**Contact:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Preferred Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street, City, State, Zip)

## Additional Requirements:

- |  |  |
|--|--|
| <input type="checkbox"/> Kitchen                           | <input type="checkbox"/> Podium/Microphone (\$10)  |
| <input type="checkbox"/> Chairs #needed _____              | <input type="checkbox"/> Video Monitor (\$10)  |
| <input type="checkbox"/> Tables 60-in round/6-ft rectangle | <input type="checkbox"/> with DVD <input type="checkbox"/> with HDMI                               |
| #needed _____  | <input type="checkbox"/> Projector Screen (\$10)   |
| <input type="checkbox"/> Registration Table/Chairs         | <input type="checkbox"/> Up-lighting rental (Additional fee and deposit required, please inquire.) |

I understand that the room will be arranged and available no more than 15 minutes prior to meeting time, unless additional set up time is requested. Additional rental fees may apply for advance day set up. Activities are to be restricted to assigned room only. Our group will be responsible for the care of the space and furniture used. The room will be returned to its original condition at the end of our event.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FCC Community House 847 Hutchison Road, Flossmoor, IL 60422 ~ 708-798-2800 x11/jford@fccfaithful.org

## For Office Use:

| Room Fee: | Check #: | Date Received: | Received By: |
|-----------|----------|----------------|--------------|
|           |          |                |              |

☐ Church Event ☐ Non-Church Event ☐ Custodian \_\_\_\_\_