

Today's Date: \_\_\_\_\_

**West Parish Church  
Application for Single Use of Facilities**

DATE NEEDED: \_\_\_\_\_

ROOM(S) REQUESTED:

Fellowship Hall <input type="checkbox"/>	Kitchen (with Stove/Dishwasher Use) <input type="checkbox"/>	Nursery <input type="checkbox"/>
Stage <input type="checkbox"/>	Kitchen (Not using Stove/Dishwasher) <input type="checkbox"/>	Music Room <input type="checkbox"/>
Parlor <input type="checkbox"/>	Meeting Room <input type="checkbox"/>	Sanctuary <input type="checkbox"/>
Other: _____		

EVENT OR PURPOSE: \_\_\_\_\_

TIME NEEDED: \_\_\_\_\_ NUMBER EXPECTED: \_\_\_\_\_

SET-UP (If you require special furniture arrangements for the room you are requesting, please check here and complete the diagram on the back of this application.)

CLEAN-UP: Organizations are responsible for basic clean-up after an event. Please check if you require assistance in cleaning up.

ADDITIONAL INSTRUCTIONS: (e.g. Table cloths, podium, microphone, etc.)

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CHURCH MEMBER:  YES  NO

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RETURN TO: Administrative Assistant  
West Parish Church  
129 Reservation Road  
Andover, MA 01810

Telephone: 978-475-3528  
Fax: 978-475-7859

Room Name: \_\_\_\_\_

Please indicate positioning of tables and chairs or other furnishings needed relative to doors and windows of the room you are requesting.

Notes:

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Church Use Only

Application Approved:  Yes  No      By: \_\_\_\_\_

Fees (if any): \_\_\_\_\_      Date Received: \_\_\_\_\_

Kitchen Supervisor Instructions:

Sexton Instructions: