

First Congregational Church

19 Church Road, Shrewsbury, MA 01545 508-845-7286 - www.fccsm.org

REQUEST FOR USE OF SPACE

Please complete this form in its entirety and return to office@fccsm.org or print and mail at above address three weeks before the date of your event.

DATE OF REQUEST:

CONTACT and EVENT INFORMATION

NAME OF THE ORGANIZATION

ADDRESS:

CONTACT FIRST NAME:

LAST NAME:

CELL PHONE:

EMAIL:

EVENT NAME:

EVENT DATE (S):

If recurring:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start date:

End Date:

START TIME (SET-UP):

START-TIME (EVENT):

END TIME (EVENT):

END TIME (BREAKDOWN):

EXPECTED NUMBER OF PEOPLE:

ADULTS:

TEENS:

CHILDREN:

CORI may be required for events involving children and teens, call the office for more information.

Insurance is also required.

EVENT PURPOSE AND DESCRIPTIONS (please provide a brief description of your event and its purpose)

ROOMS NEEDED:

- SANCTUARY CHAPEL GIFFORD HALL PARLOR CUSHING HALL
- ADKINS ROOM CLASSROOM(S), number needed: _____ LIBRARY
- KITCHEN KITCHENETTE STAGE OTHER _____
- (if checked, please complete the box below)

KITCHEN NEEDS:

- OUTSIDE CATERER ON-SITE PREPARATION

PLEASE DESCRIBE YOUR PLANS FOR USING THE KITCHEN AND EQUIPMENT:

ROOM-SET UP:

Will you need the space set up and taken down?
(there will be a cost attached to this service)

Yes

No

DESCRIBE THE SET-UP YOU WILL NEED ON THE DAY OF THE EVENT LAY-OUT...). YOU MAY ADD A DRAWING.

Number of chairs:

Number of tables:

SPECIAL REQUESTS (TECHNOLOGY, ETC.)

(please note there will be a cost attached to these services)

Date: _____

Signature: _____

Print Name: _____

OFFICE USE ONLY:

APPROVED

DECLINED

REASON:

NAME:

SIGNATURE:

Contract

Fees

Booked in Calendar

Entry Card Receipt

Entry Card Deposit

CORIs

Notes: