

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 buildinguse@fccsm.org or print and mail to the above address six weeks before the date of your event.

DATE OF REQUEST:

CONTACT and EVENT INFORMATION

NAME OF THE ORGANIZATION

CONTACT FIRST NAME:

LAST NAME:

CELL PHONE:

EMAIL:

ADDRESS:

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 (Breakdown):

END TIME (Event):

EXPECTED NUMBER OF PEOPLE:

ADULTS:

CHILDREN:

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 kitchen is included, please complete the box below)

KITCHEN USAGE:

- OUTSIDE CATERER ON-SITE PREPARATION KEEP FOOD COOL AND WARM UP ONLY

PLEASE DESCRIBE YOUR PLANS FOR USING THE KITCHEN AND EQUIPMENT:

ROOM-SET UP:

Do you require a setup for the space, including breakdown? Yes No
(there may be a charge attached to this service)

Number of chairs:		Number of tables:	Rectangular	Round	

SPECIAL REQUESTS

Date: _____

Signature: _____

Print Name: _____

OFFICE USE ONLY

APPROVED

DECLINED

REASON:

SIGNATURE:

Contract

Fees:

Amount:

Check #:

Booked in Calendar

Security Deposit:

Check #:

Key Card Form