St. Michael's Episcopal Church Facilities Request Form

Name of Contact:		Phone:	
Organization:		Email:	
Date Requested:		-	
Johnstone Hall Parish Hall Courtyard Area Friendship Center Conference Room Kitchen Stage Equipment (microphone, projector, video) Security Deposit(s) (refundable per policy) Custodian plus \$50 per hour if ron the control of the control			
*Time: Beginning	End	Purpose:	
Additional comments:			
One time or ongoing?			
Date Received:		Person taking reque	est:
Approved by:			Date:
Please request that they incl	ude set-up an	d clean-up in the tin	ne.