



EPISCOPAL CHURCH OF
ST. JOHN THE BAPTIST

Welcome - Worship - Connect - Serve

Building Use Request Form

Name of Group/Individual _____

Address _____

Contact Person #1

Name _____

Address _____

Phone _____ Email _____

Contact Person #2

Name _____

Address _____

Phone _____ Email _____

Purpose of Meeting/Function/Event

Date Requested _____

Space Requested _____

Estimate of Attendance _____

Waiver of Liability Form must be signed.

Building usage approved by _____ Date _____ Fee pd. _____