

**New Covenant Community Church  
Facility Use Scheduling Request**

**The Availability of this date has been confirmed with the scheduling coordinator: \_\_\_\_\_ Yes \_\_\_\_\_ No**

*Date:* \_\_\_\_\_

**Ministry:** \_\_\_\_\_

**Name of Person submitting this request:** \_\_\_\_\_

**Contact Information:**

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**NCCC Mailbox #:** \_\_\_\_\_

**Date of function:** \_\_\_\_\_

**Event Start Time:** \_\_\_\_\_ **AM/PM**

**Event End Time:** \_\_\_\_\_ **AM/PM**

**Reserve time: Set Up** \_\_\_\_\_ **AM/PM**

**Reserve time: Clean Up** \_\_\_\_\_ **AM/PM**

**Facility Use:** Sanctuary \_\_\_\_\_ Classroom # \_\_\_\_\_ Other \_\_\_\_\_

**I have read the policy for the use of New Covenant Community Church's facilities and agree to follow them.**

\_\_\_\_\_  
**Signature of Responsible Person**

\_\_\_\_\_  
**Date**

**Please submit completed form to Sandi Weaver , mailbox # 91. A reservation confirmation or a notification of the need to revise the requested date will be returned within one week. Please allow time for this process when planning events. Thank You**