

**Facilities Use Request Form
for
St. Luke United Methodist Church**

Before any group or individual is contracted to use church facilities the following form must be completed, signed and approved by the Board of Trustees or their designee. Upon approval a Facilities Use Contract must be filled out and filed with the Administrative Assistant.

Category: Waiver Member Active Constituent Community Group (Circle One)

(Please Print)

Person making the request Kristy Stambaugh

Name of Organization if Applicable Lexington Fayette - Urban County Government
Office of Aging Services

Applicant Address 200 E. main Phone 258-3806

Fax 258-3406 E-mail KStambaugh@lexingtonky.gov

Organization Address _____ Phone _____

Fax _____ E-mail _____

Person in Charge Kristy or Michael Crocket Type of Activity Aging Conference

Date(s) needed May 15 & 16 Time needed 2pm-5pm on 15th, 7am-3pm on 16th

Is this a reoccurring event (multiple weeks)? Yes _____ No X

Is so, this event is subject to be renewed under an annual contract. The contract will be reviewed annually, every August/September.

Number of People Expected to Attend 250 Number of Rooms Needed 6 plus kitchen

Designation of Rooms Gym, kitchen, hallway Kitchen to be used yes

Other Details 4 classrooms

Applicants Signature _____ Date _____

Application Accepted by [Signature] Date 7/31/12

I have received a copy of the St. Luke United Methodist Church Facilities Use Policy Y ___ N ___

Applicants Signature _____

(Do not write below this line)

Date request submitted _____ Date request approved, denied _____

Signature of Determining Official _____

Return this form to the Administrative Assistant