

Mount Zion Christian Church
BUILDING SPECIAL USE FORM

TODAY'S DATE: _____

Name of Group or Organization _____

Contact Person _____ Telephone (H) _____ (C) _____

Program Description _____

Day, _____, Date _____, Time _____ of the Event

Other Rehearsals, etc., prior to event

DATE	TIME	PURPOSE	SPECIAL REQUEST	

REQUESTED AREA(S) OF BUILDING (check all needed areas)

___ Sanctuary ___ Foyer ___ James Bell Fellowship Hall

___ Pink Dining Room ___ Kitchen ___ Main Hall Classroom

___ Family Life ___ Side Hall Classroom ___ Gym

___ Other (list: _____)

Other Special Requests: (___ Audio) (___ Video) (___ Security) (___ Parking Attendant)

Other Comments or Instructions: _____

Event Must be Approved by Group Leader:

Signature _____ Date: _____