



OLMC Facility Request Form

Requesting Organization: _____

Contact Name: _____ Main Phone: _____

Title of Function: _____ #of People Attending: _____

Facility Requested: 1st choice _____

2nd Choice _____

Date Requested _____ or _____

School Principal's Signature (required for school facilities): _____

Set-Up Time: _____ Start Time: _____ Clean up: Start: _____ End: _____

Send Confirmation (Email, fax #, or Mail): _____

Multiple Dates Request:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*****Activities will be at ministry/department supervision (especially weekends) ... this includes the setup and cleanup.*****

Office use Only:

Available: _____ Not Available: _____ Date Checked: By: _____

APPROVED BY: _____ Date: _____

DISAPPROVED BY: _____ Date: _____

Date entered: _____ by: _____ Confirmation by: EMAIL or LETTER Date: _____

Upon approval a facility equipment form may be filled out.....