

First Presbyterian Church  
2050 Oak Street, Sarasota, FL 34239  
(941) 955-8119 Fax (941) 957-1782

**Facility Use Request Form and Agreement**

Please complete form and submit to office, attention Rachel Martin.

Completion of this form helps assess yours needs as well as those of the staff assisting you. Activities will be recommended for approval based on their compliance with the stated goals and policies of the church. Also, we consider the availability of the church facilities and services. Planning sheets received within two weeks of the date of the activity will not be publicized in church literature. Affirmation will be sent by email or phone call.

**Event Information** (Information in bold will be publicized in church literature)

**This is a non-Church event.**

**Name of Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_ **Start/End Time of Activity:** \_\_\_\_\_

This is a recurring event. (Please list all dates below.) Additional Time needed for setup/teardown: \_\_\_\_\_  
 weekly  monthly  quarterly

Dates for recurring, regularly scheduled meetings: \_\_\_\_\_

Estimated Number of People Attending: \_\_\_\_\_ Room Requested: \_\_\_\_\_

Statement of Purpose: \_\_\_\_\_

How will this activity be funded? \_\_\_\_\_ Is this event a fundraiser? Yes  No   
*If yes please get a green income form from the office*

Parking Spaces (Only for events Monday-Friday, 8:00a.m. – 5:00p.m.)  
How many? \_\_\_\_\_

**Room Setup** (Space will be setup for the number of people listed above)

- Chairs only, Theater Style  Podium  
 Round Tables and Chairs (8 people per table)  Special Setup: Diagram is included or drawn on reverse.

**Contact Information**

Sponsored by: \_\_\_\_\_ Staff Liaison: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

**Fees:** \$ \_\_\_\_\_  Request for reduced fees  
Please explain ; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

**Other Special Requests**

Please specify \_\_\_\_\_  
\_\_\_\_\_

I have read, understand, and agree to abide by the First Presbyterian Church facilities use policies. My signature certifies that all information on this application is true. I understand and agree that any misstatements or omission of material fact herein may cause forfeiture of my deposit and/or not being allowed to rent the facility in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**Approvals:**

Operations Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  Approved

Property Committee (non-church events): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  Approved

**Processing:**

\_\_\_\_\_ Entered into computer & date

\_\_\_\_\_ Checked Fees & date

\_\_\_\_\_ Confirmation sent & date

\_\_\_\_\_ Request Form copied & distributed

Comments: \_\_\_\_\_

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Please draw the diagram for Special Room Setup below.  
Include the placement of tables, chairs, and reference points in the room.