

Redemption Church | PO Box 607 | Duvall, WA 98019 | 425.788.1115 | www.myredemptionchurch.org

FACILITY USE REQUEST FORM

Application Date	Date(s) Requested	Time	to
If recurring Start Date	End Date	Type of Function	
Name of Group or Organization _		501(c)3 Corp	Y/N
Contact Person	Cell Phone	Email	
Will food or beverage be served	Y/N If so, what kind of food/dr	ink	
The group or individual using the includes wiping off tables, return please vacuum, empty garbage, c doors are locked, windows are clo	all tables, chairs and any other elean out coffee pot and clean ba	equipment to their proper pla	ices. If needed
I have read this agreement and ru	• • •		
damage to Redemption Church p	· · ·	_	there is any such
damage, I will report it immediate			
Signature of Responsible Party	Dat	te	
Approved by:	Dat	te	
Date Key Checked Out	Dat	te Key Returned	

