Attachment "C"

31st STREET SEVENTH-DAY ADVENTIST CHURCH
FACILITY UTILIZATION REQUEST FORM

This questionnaire must be completed and submitted to the Church Administrator for review and approval before any individual(s) or organization(s) conducting an activity/event not affiliated with or functioning within any standing ministry of the 31st Street Seventh-day Adventist Church will be allowed use of the Church facilities.

GENERAL INFORMATION		
Name of Requesting Organization		
Address		
City	State	Zip
Primary Phone	Cell Phone	Fax Number
Email Address		
Contact Person	Title/Position	
Address if different from above		
Phone number(s) if different from above		

PURPOSE OF ORGANIZATION
Is this Organization organized or operated for profit? Yes ☐ No ☐
Is this Organization Religious and engaged in exempt activities? Yes ☐ No ☐ *If yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization brochures, letter of recommendation or other source of information disclosing your religious purposes or orientation.*

EVENT INFORMATION
What is the purpose and/or nature of the proposed activity your organization intends to sponsor in/on our facilities? Please describe the proposed activity in detail and/or furnish us a copy of the program outline. Attach additional sheet(s) if more room is necessary.

EVENT INFORMATION (Continued)
Date(s) Requested
Time(s) Requested
How will event participant's entry be controlled? Check all appropriate categories. ☐ Pre-sold tickets ☐ Open (free) admission to all ☐ Admission fee at door ☐ Pre-Registration of members and/or guests
Will there be a financial charge to attendees? Yes ☐ No ☐
How much will you charge?
Will anything be sold or distributed in association with the event? Yes ☐ No ☐ *If yes, please describe.*
Expected attendance?
Set-Up Please describe any proposed furnishing set-up requirements by time of need and number of items.
Technical Services Please describe in detail sound, lighting, staging, musical, audiovisual and/or any other services which will require assistance by our Technical Services staff.
Food Services Please describe in detail any proposed food services associated with this event and whom you plan on providing these services.

SIGNATURE
Printed Name of Requesting Organization Representative
Signature
Date

CONCLUDING INFORMATION

This questionnaire will be reviewed and we will respond to you within ___ days. Please indicate the best method to communicate with you regarding this request:

☐ Mail ☐ Email ☐ Fax

If you have any additional questions, please feel free to call us at (619) 231-3652 or email us at _____.

Please return these completed forms and appropriate attachments and any additional information or explanations which you feel would be helpful in evaluating your request via one of the following ways:

Mail	Email (Scanned PDF Document)	Fax
Church Administrator 31st Street SDA Church 414 S. 31st Street San Diego, CA 92123	Announcement31@	(619) Attention: Church Administrator

FOR INTERNAL USE ONLY

Request: ☐ Approved ☐ Denied

Printed Name of Head Deacon
Signature
Date

Printed Name of Church Administrator
Signature
Date