



Facility Use Request Form (Computer fillable version)

1. Organization or person requesting use: Click and enter organization or name of applicant.
2. Type activity. Click and enter the type activity.
3. Activity Date: Click and enter a date.
4. Time of activity: AM PM until Click and enter time. AM PM
5. Time church needs to be opened: Click and enter time. AM PM
6. Approximate time church can be closed: Click and enter time. AM PM
7. Areas of the church to be used: Sanctuary Fellowship Hall , Conf. Room Kitchen , Other areas: click and enter other areas
8. An approximate number of attendees:
9. Attendees: Click and choose attendees from drop down list.
10. Is this a recurring activity: Yes No
 - a. If yes, how often will the activity take place? Click and choose frequency. If another frequency, please input Click and enter other frequency.
 - b. If the activity is recurring and will occur on the same day of the week, what day will it take place? Click and choose a day from drop down list.
11. Will food be served? Yes No
12. Will the kitchen be used? Yes No
13. Will set-up be required? No , Tables Chairs Other
14. Will audio/visual equipment be used? Yes No
 - a. If yes, in which space will the equipment be used? Sanctuary , Fellowship Hall , Chapel , Conference Room , Other Click and enter other space.
 - b. Will any audio/visual equipment be required? Yes , No . If yes, what audio/visual equipment is needed? Click and enter other equipment.
15. Other comments:
16. Applicant/Ministry Representative Information:

Signature of Applicant/Contact

Telephone

Date

Email:

Signature of Applicant/Second Contact

Telephone

Date

Note: if the activity is canceled, please notify the assigned Trustee at least 72 hours before the activity.

This Section for Church Use Only

Approved/Confirmed by _____
Assigned Trustee _____

Approved/Confirmed date _____
Trustee phone _____



SAINT JOHN

AFRICAN METHODIST EPISCOPAL CHURCH
DOWNTOWN BIRMINGHAM, ALABAMA

Items below are completed only for facility rentals

Deposit Date _____

Full Payment Date _____

Applicant Notified by _____

Notification Date _____