

**WEST CONGREGATIONAL CHURCH**

**767 BROADWAY**

**HAVERHILL, MA. 01832**

**(978) 373-3034**

**IN-HOUSE APPLICATION FOR USE OF CHURCH FACILITIES**

**Name of group(s) or individual:** \_\_\_\_\_

WCC GROUP

WCC MEMBER

NON CHURCH GROUP/MEMBER

**Request for (check one):**

One-time Use -- Day and Date of Event: \_\_\_\_\_

Weekly Use -- Day of the Week: \_\_\_\_\_

Other Explain: \_\_\_\_\_

Starting Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Ending Date:** \_\_\_\_\_

Will your group be meeting all year? If not, explain: \_\_\_\_\_

**AREA YOU ARE REQUESTING (check as many as apply):**

**Worship Center Building**

**Brick Church**

**Office Wing**

Worship Center

Great Room (upstairs)

Admin. Support Office

West Entry Hall

Vestry

Library

Kitchen

Conference Room

Lower Level (open area)

Lower Level Classroom

Number of people you expect to attend: \_\_\_\_\_

Special Equipment to be used (if any): \_\_\_\_\_

1) **If Audio Visual Equipment is needed, usage must be arranged with the Administrative Staff Assistant (978-373-3034).**

2) **If you need the services of our Sound Technician, Jonathan Squire, you are responsible for contacting him directly (978-432-1026).**

Name of responsible person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of alternate responsible person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**IF YOU SET IT UP ... TAKE IT DOWN  
IF YOU BRING IT IN ... TAKE IT OUT**

Applicant's Signature

Date

**RETURN APPLICATION TO CHURCH OFFICE**

(FOR CHURCH USE ONLY)

Dates cleared with Church Office

Request approved by: \_\_\_\_\_

Request denied -- reason: \_\_\_\_\_

Applicant Contacted: \_\_\_\_\_