

# Calvary Episcopal Church

3766 Clifton Ave. Cincinnati, OH 45220 513-861-4437 [www.calvaryclifton.org](http://www.calvaryclifton.org)  
Judy Gardner, Parish Administrator [calvaryclifton@fuse.net](mailto:calvaryclifton@fuse.net)

## REQUEST FOR USE OF CHURCH FACILITIES – Church Group

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_

Reserve Date(s) \_\_\_\_\_

Reserve Time From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

Event Time From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

Event Description \_\_\_\_\_

Name of Event/Group \_\_\_\_\_

Number of people expected \_\_\_\_\_

Room(s) desired \_\_\_\_\_

Equipment desired, i.e. linens, projector etc. \_\_\_\_\_

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CONTACT PERSON NAME \_\_\_\_\_

CONTACT PERSON PHONE \_\_\_\_\_

CONTACT PERSON EMAIL \_\_\_\_\_

As a representative of the above mentioned group, I agree to the terms and conditions outlined in Calvary's Building Use Policy. By signing below I acknowledge that I have read said policy and understand failure to comply could result in financial responsibility for damages and/or removal of building use privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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### FOR OFFICE USE ONLY

Date Approved: \_\_\_\_\_

Room assigned: \_\_\_\_\_