



First Congregational Church

IN WINCHESTER, UCC

Please leave completed form in
Facilities mailbox, or in the locked
box outside of the church office in the
Dix St. hallway.

FCCW Facilities Request Form – Request # _____

Name _____ Phone # and type: _____

Email _____ Best Time to Call _____

Event _____ Date Submitted _____

Time/Date required (if applicable) _____

Check 1: ☐ Request ☐ Report ☐ Suggestion

If this is a request for a room set up, please indicate number and type of tables and chairs. Use space below, or back side to sketch desired room set up.