## **RESERVATION REQUEST**

## Please complete this form and email to

mayfairpresbyterian10@gmail.com

Today's Date:	Eve	ent Day of Week / I	Date:/		
Number of People: Starting Time:		Ending Time:			
Description of Activity:					
<u>User's Information</u>					
Organization:					
Primary Contact:					
Secondary Contact:			Phone(s):		
Address:			Email:		
Facilities Reserved		Cost	Payment Amount	Date	
<del></del>	capacity) city) e, ovens, refrigerator – e of church attendant) total) Chairs (ple	ease attach a draw	ing of desired floor plan)		
Professional Services Request.	uested: Fee negotiated w	vith provider at the	e time of use, based on the	!	
Minister: Organist/Pianist:			Other Musician:		
<u>Payment Policy:</u> The Secuinspection, provided facilit removed. All amounts are	ies and equipment are let due in full, in cash, one w	ft in good order, ar eek prior to the ev	nd all non-church items ar vent date.	e	
Cancellation Policy: Cance	llation less than 7 days pr	ior to the event wi	ill result in forfeiture of the	e	

Security Deposit.