

DATE FORMS SENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FORMS REC’D:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRINITY AMOUNT OWED: $150

DATE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_ CK#:\_\_\_\_\_\_\_\_\_\_

CHURCH USE - REQUEST

**Trinity Church**

**23 Main Street**

**Northborough, MA 01532**

**(508) 393-8156**

**trinitychurchnboro@gmail.com**

|  |  |
| --- | --- |
| **GROUP:** Click or tap here to enter text. | **CONTACT PERSON:** Click or tap here to enter text. |
| **EMAIL:** Click or tap here to enter text.  | **TEL.:** Click or tap here to enter text. |
| **ADDRESS:** Click or tap here to enter text. |
| **DATE REQUESTED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **TIME:** Click or tap here to enter text. | **SET UP:**Click or tap here to enter text. |

**SPACE REQUESTED:** [ ] **Sanctuary** [ ] **Fellowship Hall** [ ] **Room #** Choose One [ ]  **Other**Click or tap here to enter text.

|  |  |
| --- | --- |
| **KITCHEN:** Click or tap here to enter text.  | **REFERRED TO:** Click or tap here to enter text. |
| (Yes/No) | (Kitchen Comm. Person) |

**TYPE OF MEETING:** Click or tap here to enter text.

**NUMBER OF PERSONS EXPECTED:** Click or tap here to enter text.

**ADDITIONAL INFORMATION (if applicable):** Click or tap here to enter text.

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**INFORMATION FOR CHURCH SEXTON:**

**EQUIPMENT & SET-UP NEEDED (Tables/Chairs, etc.):** Click or tap here to enter text.

**KEY-OUT #**Click or tap here to enter text. **TO:** Click or tap here to enter text.

 **DATE RETURNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_