

Application for Use of Tabernacle/Kull Youth Facilities

Legal Name of Group:		("Applicant")	
Description of Event:			
Attendees: Approx Number:			
Facilities Requested (Please Check): Please Note KYC A		enter	
Single Event	Date(s) Startir	ng:to	
Recurring - Weekly (Circle days needed) Monday			(Last Date of Use) Saturday Sunday
Event Time(s): Start Time:	AM or PM	End Time:	AM or PM
Setup: Date:	Cleanup: Date:		
Time:	_ AM or PM	Time:	AM or PM
Name:			
Applicant's Reservation Contact:			
Applicant Role:			
Organization:			act Cell:
Organization Address:			
Tabernacle's Reservation Contact:			
Name:	Email:		Phone #:
	FOR OFF	TICE USE ONLY	
Approved: YES No	Date of Appro	<i>v</i> al:	By:
Security Deposit (by 7 Days)	\$	Payment Due Date:	Received Date:
Fee Balance (by 30 Days)	\$	Payment Due Date:	Received Date
* Recurring Fee per:	\$	_ (Due 1_{st} of Month prior to uses in that month)	
Total Fees (All included):	\$	Paid in Full:	
INSURANCE CERT DUE Copy to be given to applicant after appro	Received D	ate:	l m l