



Initial Facility Request (IFR) Form
Spring Creek Bible Church

REQUESTING ORGANIZATION

Date: _____

Name: _____

Address: _____

PRIMARY Contact Person

ALTERNATE Contact Person

Name: _____

Phone: _____

Title: _____

Specific facility(ies) requested (if known):

Purpose and scope of the activity. Please be as specific as possible. Lack of information will delay approval and may result in disapproval.

Date(s) & time(s) of requested use: _____

Number of people involved: _____ adults _____ children

Signature of Primary POC

Date

OFFICE USE ONLY

APPROVED

DISAPPROVED

Deposit required: \$ _____

Deposit received: \$ _____

Facility Manager

Date