



Date of use: _____
Time of use: From _____ To _____
Event begins at _____

New Life Community Advent Christian Church  
1919 Elizabeth Street  
Baraboo, Wisconsin 53913  
(608) 356-3367  
newlifebaraboo@gmail.com

## **APPLICATION FOR USE OF CHURCH FACILITIES**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Event \_\_\_\_\_

Name of Church Member Sponsor \_\_\_\_\_  
*(This individual is expected to be in attendance and supervise all activities)*

Church member contact info \_\_\_\_\_

Number of people expected to attend \_\_\_\_\_

Group will use the following room(s) \_\_\_\_\_

**Will food be served?** Yes \_\_\_ No \_\_\_    **P.A. required:** Yes \_\_\_ No \_\_\_    **Piano:** Yes \_\_\_ No \_\_\_

**Other equipment requested:** \_\_\_\_\_

I, the undersigned, have read the "Church Use Policy" and accept responsibility for use of the facilities of the New Life Community Advent Christian Church as specified.

Signed \_\_\_\_\_

Date \_\_\_\_\_

