St. Mark's Episcopal Church



For Office Use Only:

Date:

Approved/Posted:

Follow up: Budget:

Scheduling for Building Usage

Event:		Date:
Requested	/Time:	
Contact: _		Phone:
Email:		
Ministry:		Attendance#:
Designate	d Space to be used: _	
Amenities	:	
	Key/Alarm Code	Yes or No
	Kitchen	Yes or No
	Childcare	Yes or No
	Equipment	Yes or No
	Media type	
Notes:		
	ge Parameters:	
	Tables wiped clean Kitchen dishes, etc will Trash taken to dumpste Carpet and floor cleane	ther furniture will be returned to their original place be washed, cleaned and put away or, if more than inside container can hold od of all debris er, dirty diapers disposed of, food cleaned away
Signature of requesting ministry leader		r Date
Notes:		

Submit Form to Kimberly Hart

Fax: (325) 480-8997 Phone: (281) 545-1661 Email: office@stmarksfortbend.org