

For Office Use Only:
Date:
Approved/Posted:
Follow up:
Budget:

St. Mark's Equipment Usage Form

Today's Date: _____

Name: _____

Email: _____ Phone: _____

What date(s) requesting: _____

Requesting to use:

Tables	Yes or No	How Many? _____
Chairs	Yes or No	How Many? _____
Dishes	Yes or No	Be specific: _____
Equipment	Yes or No	
Media type		

Notes: _____

Usage Parameters:

All chairs, tables and other furniture will be returned to their original place
Tables wiped clean
Kitchen dishes, etc will be washed, cleaned and put away
Trash taken to dumpster, if more than inside container can hold
Carpet and floor cleaned of all debris
Nursery toys put in order, dirty diapers disposed of, food cleaned away

Signature of requesting

date

Notes: _____

Submit Form to Kimberly Hart

Fax: (866)830-8060

Phone: (281) 545-1661

Email: office@stmarksfortbend.org