

# CRCSJ Policies and Guidelines

June 2020

## Information Form

Date of event: \_\_\_\_\_

Name of Event and Description: \_\_\_\_\_

\_\_\_\_\_

Name of Organization: \_\_\_\_\_

Website (if available): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Time of event: \_\_\_\_\_ Ending time: \_\_\_\_\_

Number of people: \_\_\_\_\_

Areas of facility to be used:

- Sanctuary     Need sound tech  
 Library  
 Nursery  
 Fellowship Hall  
 Kitchen  
 Classrooms

Equipment needed: \_\_\_\_\_

Does event involve children?     Yes     No

I, \_\_\_\_\_, as responsible party for this event, do hereby agree that members of this organization have reviewed the Youth Safety Policy of the Christian Reformed Church of St. Joseph and agree to abide by the requirements of it. \_\_\_\_\_

Date

\_\_\_\_\_  
Signature

Deposit amount: \_\_\_\_\_

Date received: \_\_\_\_\_

Fee charged: \_\_\_\_\_

Deposit returned: \_\_\_\_\_

Admin approval: \_\_\_\_\_