

-1UUCSEA REQUEST FOR USE OF OFFICE BY OUTSIDE GROUP

Name of group: _____

Purpose for office use: _____

Requested date of use: _____ Time: start _____ End _____

Date request submitted: _____

Name of person requesting: _____

Name of contact person if not same as above: _____

Contact information: Phone #: _____ Email: _____

Name of insurance company: _____

Contact information for insurance company: _____

Has contact person been informed there is NO SMOKING on the premises? Yes ___ NO ___

FOR OFFICE STAFF

Name of person receiving form: _____

Please attach copy of cover page of insurance for group. Amount of liability insurance to be no less than \$1,000,000.

APPROVAL

Is the office free at date and time requested? Yes: _____ No: _____

If above answer is yes, does the proposed activity or purpose of group in any way conflict with our Mission Statement or Seven Principles? Yes: _____ No: _____

If above answer is yes, amount to be charged for use of office (to be determined by OM) _____ . Paper clip check to this form and put in Treasurer's file. Treasurer will fill out Cash Receipts form and place this form in OM's file.

If the above answer is yes, signature of person approving use (must be Minister, Board President or Office Manager)

_____ Date: _____

If approved, please mark date and time on office calendar and inform OM if not already informed.