

-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.