Phone: 419.255.0097 | Fax: 419.255.0099 Email: office@fcogtoledo.com

BUILDING REQUEST

Today's Date	Ministry Name			
Name of scheduled event				
Person submitting request		Contact No		
Event Time: From		To		
Dates: List all dates below, ev				
Butter Bist air dates serow, ev			le day each wee	
Please Include a map of desire	ed setup:			
Name of Setup Person		Nam	e of Cleanup Co	ommittee
Name of Person Open	Nam	Name of Person Closing		
Sanctuary The Gathering Place The Library Room 304				
Any other rooms located in basement or second floor Fellowship Hall				
Kitchen Tables(#)	Chairs (#)	Sound	(Contact Lou	is Newsom)
Location entrance that guest v	vill use:			
Signature of person making re		Date		