

**UNITARIAN UNIVERSALIST CHURCH OF LAS CRUCES
FACILITIES USE REQUEST**

DATE OF REQUEST

NAME OF PERSON MAKING REQUEST

TELEPHONE CONTACT

REASON FOR REQUEST

NUMBER OF PEOPLE ATTENDING

SPACE REQUESTED

EQUIPMENT NEEDED

DATES OF USE

TIME WHEN FACILITY WILL BE USED

PERSON(S) RESPONSIBLE FOR OPENING/CLOSING/CLEANUP

IF FEE APPLICABLE, AMOUNT

BOARD APPROVAL AND DATE

Copies to President, Office, and Facilities Chair

Please draw diagram of room set-up: