

Facilities Request Form (FRF)
Episcopal Church of the Resurrection
1433 NW R.D. Mize Road
Blue Springs, MO 64015
Office 816-228-4220
rector@episcopal-bluespring.org

Date of Request: _____ Date of Event: _____

Type of Event: _____

Person/Organization Requesting: _____

Contact Person: _____ Phone: _____

Address: _____

e-mail: _____

Space Requested:

Undercroft _____

Sanctuary _____

Classrooms _____

North Field _____

Number of Persons Expected: _____

Time Requested: From _____ To _____
(include set-up and take-down time)

Equipment Requested: _____

Calculated Fee: \$ _____

50% Deposit Required: \$ _____

Full Payment Due: _____

(3 days before event)

I understand this is a non-smoking facility. Any use of alcoholic beverages must be approved in writing before the event. I have read, understand and agree to adhere to the Facility Use Rules and Guidelines.

Signature of Applicant: _____ Date: _____

Approved by: _____ Date: _____

Position: _____