

ST. MARK'S EPISCOPAL CHURCH + CAPITOL HILL

**SPACE USE REQUEST**

**DATE OF REQUEST** \_\_\_\_\_

**NAME (of person responsible for the event/class)**

\_\_\_\_\_  
**TELEPHONE (day)** \_\_\_\_\_ **(night)** \_\_\_\_\_

**GROUP/ACTIVITY/PURPOSE** \_\_\_\_\_

**NUMBER OF PEOPLE** \_\_\_\_\_

**SPACE REQUESTED:**  Nave  Parish Hall  Kitchen  Adams Room  
 Undercroft (Rm )  Penniman Room  Gregory Room  Other

\_\_\_\_\_

**DATE(S) NEEDED** \_\_\_\_\_ (Please include beginning and ending dates if the space is for a class or series of events.)

**SET-UP TIME** \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)

**CLEANED UP BY** \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)

**EVENT BEGINNING TIME** \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)

**EVENT ENDING TIME** \_\_\_\_\_ (AM) \_\_\_\_\_ (PM)

**DESCRIBE ROOM/CHAIRS/TABLES SET-UP REQUIRED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **DATE/TIME CONFIRMED**