

WESTHAMPTON PRESBYTERIAN CHURCH

90 Meeting House Road

Westhampton Beach, NY 11978

Phone: 288-2576 Fax: 288-6011

Email: [admin@westhamptonpresbyterian.org](mailto:admin@westhamptonpresbyterian.org)

BUILDING USE REQUEST FORM

Name of Organization \_\_\_\_\_ Non-Profit? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

Person Responsible \_\_\_\_\_ Email \_\_\_\_\_

Day(s)/Date(s) Requested \_\_\_\_\_ Hours \_\_\_\_\_

Type of Program/Event \_\_\_\_\_

Room Requested \_\_\_\_\_ Kitchen Use? Yes \_\_\_ No \_\_\_

Number of People Anticipated \_\_\_\_\_

If children, what are their ages? \_\_\_\_\_

Will there be an admission charge for this event? \_\_\_\_\_ Amount? \_\_\_\_\_

Proceeds will be used for? \_\_\_\_\_

Special Requirements \_\_\_\_\_

(Use reverse side for additional information) \_\_\_\_\_

**Certificate of Insurance Required. Please submit a copy with this request form.**

**TRUSTEES' REVIEW:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Not Approved** \_\_\_\_\_

**Comments** \_\_\_\_\_

**Building Use Fee:** \_\_\_\_\_