Middle Spring Presbyterian Church Facilities Reservation Form

(717) 532-8198

secretary@middlespringpc.org

(Reservation requests must be submitted at least two weeks prior to the event.)

Today's Date:												
Name of Group requesting	reservation	on: _										
Individual making request:												_
Address:												- .
												_
Phone Number:												
Brief Nature of Request (w	edding, re	unio	n, birth	nday pa	arty, etc	:.)						_
Date(s)			and Time				you wish to reserve facility.					
DO YOU NEED A KEY???			Yes		No							
Do you need power at the	pavilion?		Yes		No							
Check ALL areas you would	like to re	serve	e:									
•			Nurse Picnic	•			Barbec Tables	-		ave pr	emises)	
If reserving Fellowship Hall	, should h	andb	oell tab	les be	remove	d for y	our event	? 🗖 🧏	Yes		No	
Approximate number atter	nding:											
When your event is over, p the months of June, July ar empty. Thank you!												
*** Please see the attache	d Covid-19	9 pre	cautior	ns stipu	lated b	y Sessi	on.					
Place completed							hanging o	n side of	desk h	iutch (or	
Office Use: Date Available: Approved: Person Notified: Date Notified: Custodial Staff Notified:	□ Yo	es es		No No No								
Handbell Director Notified:	☐ Ye			No								

Revised 8/2022 (over)

