Use this form to request the use of a room or rooms at the church. Complete this page for a single event. For a recurring event, such as a series of meetings or classes, give the dates and times on page 2.

Event		Event date
Name of Requestor		
Organization (if applicable)		
Postal Address		
Email Address		
Phone		
Room(s) requested:		Sanctuary
Sunday School Room	Centennial Hal	🗆 Kitchen
Access to building needed	from	to
Event start time	end time	Estimated attendance:
		d, if applicable, tables. Other equipment.)
Set up and tear down by (chec	k one) Self	PUC
Catering, if applicable, by (check one) Self		PUC
Check here if you are requesting	ng permission to serve alcoh	ol
Proof of insurance required	(P	UC will advise)
Fee for use	Deposit	
Acknowledgements		
I have read, understand and ac	ccept the building use guide	ines of Picton United Church.
Signature of requestor		date
Signature of PUC representativ	/e	date

For a recurring event such as a series of meetings or classes, please itemize the dates and times below.

Date	Access From	Until