

Reservations will not be approved until all required documentation has been received.

FACILITIES USAGE REQUEST FORM (Christ Church Ministry Specific Use)



CHRIST CHURCH
A UNITED METHODIST COMMUNITY

For Office Use Only
Deposit Amount: \$ _____
Date Deposit Received: _____
Received by: _____
Confirmation of date and total fees sent:
Balance Due: \$ _____
Date amount received: _____
Received by: _____

Please return this form to:

christumc@christcolumbus.com

or

Christ United Methodist Church
1480 Zettler Road
Columbus, OH 43227
614-231-4568

Description

Type of Event _____

Requested Space _____

Date(s) _____

Time(s) _____

Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Alternate Contact (if applicable)

Name: _____

Address: _____

Phone: _____

Email: _____