Today's Date: _____

West Parish Church
Preliminary Application for Long-Term Facilities Use

Date(s) and Times Facility Needed: _____

Name and address of organization:

_____

_____

_____

_____

Person submitting request: Name: _____ Phone: _____

Person who will be responsible for financial and operational arrangements on behalf of your organization: Name: _____ Phone: _____

Please list any West Parish member(s) who may be involved with your organization or with whom you have had communication regarding use of space:

_____

Please describe the type of space(s) you are requesting, the number of individuals expected to occupy the space(s) and the nature of the activity to take place in the space(s):

_____

_____

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_____

Return to: Administrative Assistant,
West Parish Church
129 Reservation Road
Andover, MA 01810

Telephone: 978-475-3528
Fax: 978-475-7859