



Trinity United Church of Christ

40 West Pine Street
Palmyra, PA 17078

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Pastor's E-mail: jbinkley@trinitypalmyra.org

Church Secretary's E-mail: dyeagley@trinitypalmyra.org

Website: www.trinitypalmyra.org

FACILITY USAGE APPLICATION

Application Date: _____

To the President of Consistory:

The undersigned hereby make application on behalf of _____, for permission to use facilities of Trinity United Church of Christ in Palmyra, PA. Details of this usage are as follows:

- Date(s) Requested: _____
- Type of Usage (please check):
 ___ One-time ___ Recurring Schedule (please specify): _____
- Start Time: _____
- End time: _____
- Purpose: _____

- Approx. how many persons will be in attendance?: _____
- Primary Contact Person: _____
 - Title: _____
 - Telephone Number: _____
 - Address: _____
- Emergency Contact Person: _____
 - Title: _____
 - Telephone Number: _____
 - Address: _____
- Rooms Requested (check all that apply):
 - ___ Fellowship Hall ___ Kitchen
 - ___ Sanctuary ___ Parlor
 - ___ Library ___ Basement (please specify rooms): _____
 - ___ Classrooms (Please specify room #'s): _____
 - ___ Outside grounds (please specify location): _____
 - ___ Other (please specify): _____
- Items Requested (please indicate desired qty.):
 - ___ 6' rectangular tables ___ 6' round tables

