Unitarian Universalist Congregation of the South Fork
Facility & Grounds Use Request

Event Host

Contact name: _____

Organization (if any): _____

Contact phone: _____ Contact email: _____

Contact/Organization mailing address: _____

_____

Are you a…
[ ] Congregation member
[ ] Unaffiliated individual, group or organization referred by a congregation member

Name of referring congregation member: _____
[ ] Unaffiliated non-profit
[ ] Unaffiliated individual or for-profit group/organization

Event Description

Purpose: _____

_____

Date(s): _____ Start time: _____ End time: _____

Frequency: [ ] one time [ ] weekly [ ] monthly [ ] other (specify)

_____

Number attendees: _____

Equipment needed: _____

_____

For Office Use
Date received:
Date submitted to BOT:
Date approved by BOT:

Form approved by Board of Trustees 05.05.2026