



**Overseer Curtis L. Johnson**  
Senior Pastor

# Kitchen Usage Request Form

Today's  
Date:

**- Request should be submitted at least 4 weeks in advance**

*Please complete form and submit to the Office Administrator – Mrs. Catina Fowler,  
[CatinaF@valleybrookoutreach.org](mailto:CatinaF@valleybrookoutreach.org), (864)335-2340*

<b>Ministry Name</b>		<b>Time begin:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Time end:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Key Access:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ministry Contact:</b>	<b>First Name:</b>	<b>Last Name:</b>		
	<b>Contact #:</b>	<b>Email Address:</b>		
<b>Requested Use Date:</b>	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} <i>Month/ Date/ Year</i>			
<b>Alternate Date 1:</b>	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} <i>Month/ Date/ Year</i>			
<b>Alternate Date 2:</b>	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} <i>Month/ Date/ Year</i>			
<b>Kitchen Usage/Setup</b>	<i>Please note that after the usage of the kitchen, that the contact person is responsible to ensure the kitchen is left in the order it was received</i>			
	<i># Projected attendance</i>	<b>Room setup needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b># of tables requested</b> _____ <b># chairs per table</b> _____		
<b>I, the undersigned, agree to be responsible during the usage of the kitchen</b>  _____ Contact Signature				
<b>Authorization (Office use only)</b>				
<b>Date Approved:</b>		<b>Processor Signature</b>		
<input type="checkbox"/> Requested Date <input type="checkbox"/> Alt. Date 1 <input type="checkbox"/> Alt. Date 2				
<b>Comments:</b>				
<b>Access/Lock Up to be provided by:</b>		<b>Time Open/Close</b>		
		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM		