



Reserve of Church Use Cancellation Form

I affirm that I am authorized to cancel the date/time and facility space, which was approved on a Request for Annual Days and/or Events form for the ministry submitting this form. Please accept this as my official release of said date/time and facility usage. Feel free to notify other individuals or church ministries that the date/time and facility is available for their use.

Name of Ministry, or Organization: _____

Title of Event: _____

Date(s) Released: _____

Time: _____ AM or PM

Contact Name: _____

Contact Number: _____

Address: _____

City, State, and Zip: _____

Area(s) Released:

- Sanctuary Lower Fellowship Hall Conference Room(s) 1_, 2_, 3_
 Nursery Multi-purpose Room(s) 1_, 2_ Kitchen Parlor/Overflow

Releaser's Signature(s): _____

Date: _____

Received By: _____

Date: _____

Confirmed By: _____

Date: _____

RLM 10/19/11