

Crestview-New Life Center

Facility Requisition Form

Name: _____ (Person Responsible)

Contact information: _____ or _____

Additional Contact: Name _____ Phone: _____

Date needed: _____ Time needed: _____ / _____ / _____

Purpose/Event: _____

Rooms needed: _____

If using Kitchen/Dining Area

- Items needing _____
- Will you be using the stove? _____ If yes please describe how you will be using it, **ex:** *warming food or actually cooking*

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- Refrigeration- Will you be using the refrigerator? _____
If yes, you are not to remove any items that belong to the center.
 - Dining Area- Will you be using Dining Area? _____
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When using any rooms in this facility you are responsible for all cleaning, no food should be left in kitchen or refrigerators

No food should be eaten in the class rooms

A responsible adult must be present at all times

Children should not be unattended

APPROVED BY: _____ Date: _____ / _____ / _____

APPROVAL DENIED BY: _____

Reason: _____

