

**Request for Special Events Reservations
Cornerstone Chapel, Inc.**

Date applied for reservation _____

Event Date _____ Time _____

Name of Event Host _____

Present Address _____

Home Phone () _____ **Work Phone** () _____

Brief description of the event

Chapel Facilities desired (please check and fill in the amount)

Chapel

_____ Facility Fee _____

_____ Custodial (if Board of Directors requires) _____

_____ Sound System (Determined on individual basis) _____

Reception Hall (not available at this time)

Total Due: _____

Please return this form to Cornerstone Chapel, Inc. at your earliest convenience as your reservation can be confirmed only upon receipt of the above information, your \$100.00 deposit and after the next scheduled staff meeting.