

Resurrection Facility Rental Request Form

Please answer all questions below and return the completed copy to <u>FacilityRental@cor.org</u> or <u>Church of the Resurrection</u>, <u>Attn: Facility Rental</u>, <u>13720 Roe Ave</u>, <u>Leawood</u>, <u>KS 66224</u>. Allow 14 days to process your request. If we have any questions, we will contact you. You will receive an email to let you know whether your request has been approved, and if so, details on next steps.

Your Name:	
Name of Organization	n:
o For Profit	○ Non Profit
Phone Number:	
Email Address:	
Mailing Address:	
Name of Proposed Ev	vent:
Description of Propos	sed Event:
Is this a one-time eve	nt or a recurring event?
o One Time	○ Recurring
Date(s) of Proposed E	Event (all dates for ongoing or multiple options in order of preference for one-time event):
Times (please include	e arrival time, event start time, event end time, departure time):
Physical Setup Needs	3:
If you know a specific	space you'd prefer, please list it:
Number of Participan	ts Expected:
Cost to Participants:	
Will food be served?	
∘ Yes ∘ No	
Additional Notes:	