



BAY VIEW ASSOCIATION OF THE UNITED METHODIST CHURCH

Crouse Memorial Chapel
Application for Non-Traditional Use of Crouse Chapel

Date of Event: _____ Time of Event: _____

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Bay View Member: _____

PLEASE CHECK ALL THAT APPLY

Would you like:

_____ A stand microphone

_____ A wireless microphone

_____ There will be music

_____ The piano will be needed

_____ Additional chairs will be needed for musicians (If yes, please answer below)

Number _____ Placement _____

For Office Use:

Approval by Director of Worship and Religious Life _____

Date scheduled _____ Date Fees Paid _____ Amount \$ _____

Date information sent to Altar Guild Co-Chairs _____