

**GARDNER SEVENTH-DAY ADVENTIST CHURCH**  
100 COLONY ROAD WESTMINSTER, MA 01473  
(987) 874-6436

**BUILDING USE POLICY: 1:2  
RESERVATION REQUEST FORM**

Name \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Address \_\_\_\_\_  
*City* *State* *Zip Code*

Contact Number \_\_\_\_\_ Date of Event \_\_\_\_\_  
*Days* *Evenings*

Event \_\_\_\_\_

Rooms needed (check): \_\_\_\_\_ Sanctuary \_\_\_\_\_ Items to be used (check): \_\_\_\_\_ P. A. System \_\_\_\_\_  
\_\_\_\_\_ Fellowship Hall \_\_\_\_\_ Chairs \_\_\_\_\_ Kitchen \_\_\_\_\_  
\_\_\_\_\_ Tables \_\_\_\_\_ Other \_\_\_\_\_

Type of reception, if any \_\_\_\_\_ Max. No. of people \_\_\_\_\_

**WEDDING INFORMATION**

Wedding date \_\_\_\_\_ Time \_\_\_\_\_ Rehearsal date \_\_\_\_\_ Time \_\_\_\_\_

Name of Bride \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Home Address \_\_\_\_\_  
*City* *State* *Zip Code*

Tel. No. \_\_\_\_\_ Church Membership \_\_\_\_\_  
*Days* *Evenings*

Church Address \_\_\_\_\_  
*City* *State* *Zip Code*

Name of Groom \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Home Address \_\_\_\_\_  
*City* *State* *Zip Code*

Tel. No. \_\_\_\_\_ Church Membership \_\_\_\_\_  
*Days* *Evenings*

Church Address \_\_\_\_\_  
*City* *State* *Zip Code*

Address \_\_\_\_\_  
*City* *State* *Zip Code*

Officiating Minister \_\_\_\_\_ Tel. No. \_\_\_\_\_

Organist \_\_\_\_\_ Tel. No. \_\_\_\_\_ Other Musicians \_\_\_\_\_

Address to send security deposit \_\_\_\_\_  
*City* *State* *Zip Code*

I have read the attached usage regulations and agree to abide by them.

\_\_\_\_\_  
Signature Date