

**Taylor Apostolic Christian Fellowship Center
Reservation/ Confirmation Form**

| | |
|---|-------|
| Function Date: | Time: |
| On behalf of: | |
| Home Church | |
| Function description (continue on reverse side, if necessary) | |
| | |
| Maximum number of persons at any given time: | |
| Donation Collected: \$ | |
| Responsible Member: | |
| Address: | |
| Telephone number(s): | |

| Item | Yes | No |
|--|------------|-----------|
| Religious activities and/or audible prayers? | | |
| Singing or music? | | |
| Public address system and related equipment? | | |
| Audio-visual materials? | | |

| | |
|---|-------|
| I have received a copy of the Fellowship Center Operating Policy and agree to abide by all of the conditions contained therein. | |
| Signed: | Date: |
| Confirmed by: | Date: |