## Kirk of Kildaire Key Card Application

Name	Date
Email	Phone
Name of Group/Ministry/Committee	
Please provide a description of your nee	ed for a key card:
Dates/Times Needed for Access: (check	all that are appropriate)
Fellowship Hall	
Days: S M T W Th F S (circle days) Times:	Unlock or Just Open (circle one)
Office Entrance	
Days: S M T W Th F S (circle days) Times:	Unlock or Just Open (circle one)
Unlimited Access (Open Only - no	set days/times)
Other	
access to nearly all the facilities of the Kirk. As	
<u> </u>	
To be completed by church office:	
Authorized By:	
Key Card #:	