Grace United Methodist Church
Garage Temporary Waiver

Date:
_____

Ministry:
_____

Chairperson:
_____

Phone:
_____

Item(s) Description (brief)
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Approved by: _____

Date(to include removal
date):_____