

- FACILITY RESERVATION REQUEST -

Today's Date: _____ Completed by [name]: _____

1. Please fill out this form as completely as possible, and turn it in to the church office for approval at least **ONE WEEK PRIOR TO EVENT DATE.**
2. Diagram the room set-up on the back of this sheet so that the room is set up the way that you need it. **IF NO DIAGRAM IS SUBMITTED, NO SPECIAL ROOM SETUP WILL BE DONE.**
3. If you will not be using the facilities requested for any reason, **PLEASE CONTACT THE OFFICE AS SOON AS POSSIBLE WITH ANY CANCELLATIONS.**

THIS BOXED AREA IS REQUIRED INFORMATION. PLEASE FILL IN COMPLETELY. THANK YOU!

Event Date _____ **Event Start Time** _____ **Event End Time** _____

If multiple dates are needed, please designate: [[Day 1 ___ / ___ Start ___ End ___; Day 2 ___ / ___ Start ___ End ___; Day 3 ___ / ___ Start ___ End ___]

Event occurs: *weekly ___ *monthly ___ one time ___ [Circle Day(s): Sun Mon Tue Wed Thur Fri Sat]

Set-up Requested By (Date & Time) _____ ***Last Date Facility Will Be Needed** _____

Event/Activity _____

Contact Person(s)* _____ Phone: hm _____ /wk _____

_____ *I WOULD LIKE TO BE CONTACTED WHEN THIS REQUEST HAS BEEN APPROVED.

[The contact person is responsible to oversee clean up after the event [i.e. empty pitchers, wash dishes, put away all items used, remove items that were brought for the event, wipe off countertops, clean floors, mark leftover food containers, etc.]

Facilities Requested for the Event/Activity: (please check all that apply)

- | | | |
|---|-------------------------|---------------------|
| ___ sanctuary | ___ large gym kitchen | ___ conference room |
| ___ fellowship hall [gym] | ___ small kitchen | ___ prayer room |
| ___ multi-purpose [Power Kids! room] | ___ lower level kitchen | ___ library |
| ___ youth auditorium [lower level] | ___ gym restrooms | ___ narthex |
| ___ youth game room | ___ resource room | ___ narthex alcove |
| ___ dressing rooms [nursery ___; walker ___; room 10 ___; room 12 ___; other(specify) _____] | | |
| ___ childcare rooms [nursery ___; walker ___; room 1 ___; room 2 ___; room 3 ___; room 4 ___; room 7 ___; room 9 ___] | | |
| ___ classroom(s) [room # ___; room # ___; room # ___; room # ___; room # ___; room # ___; room # ___; room # ___] | | |

Notes: _____

Details:

- | | | |
|-----------------------------------|-----------------------------------|--|
| ___ Food service [provider _____] | ___ Video tech assigned [_____] | ___ Sound tech assigned [_____] |
| ___ Risers | ___ Television/VCR | ___ Sound system[youth, PowerKids!, gym] |
| ___ Room dividers | ___ Video projector | ___ Keyboard |
| ___ Gym stage | ___ Podium | ___ Tape/CD player |
| ___ Overhead projector | ___ White board & easel | ___ Gift cart |
| ___ Projection screen | ___ Microphones – how many? _____ | ___ Other [_____] |

Specify NUMBER of each type of table needed:

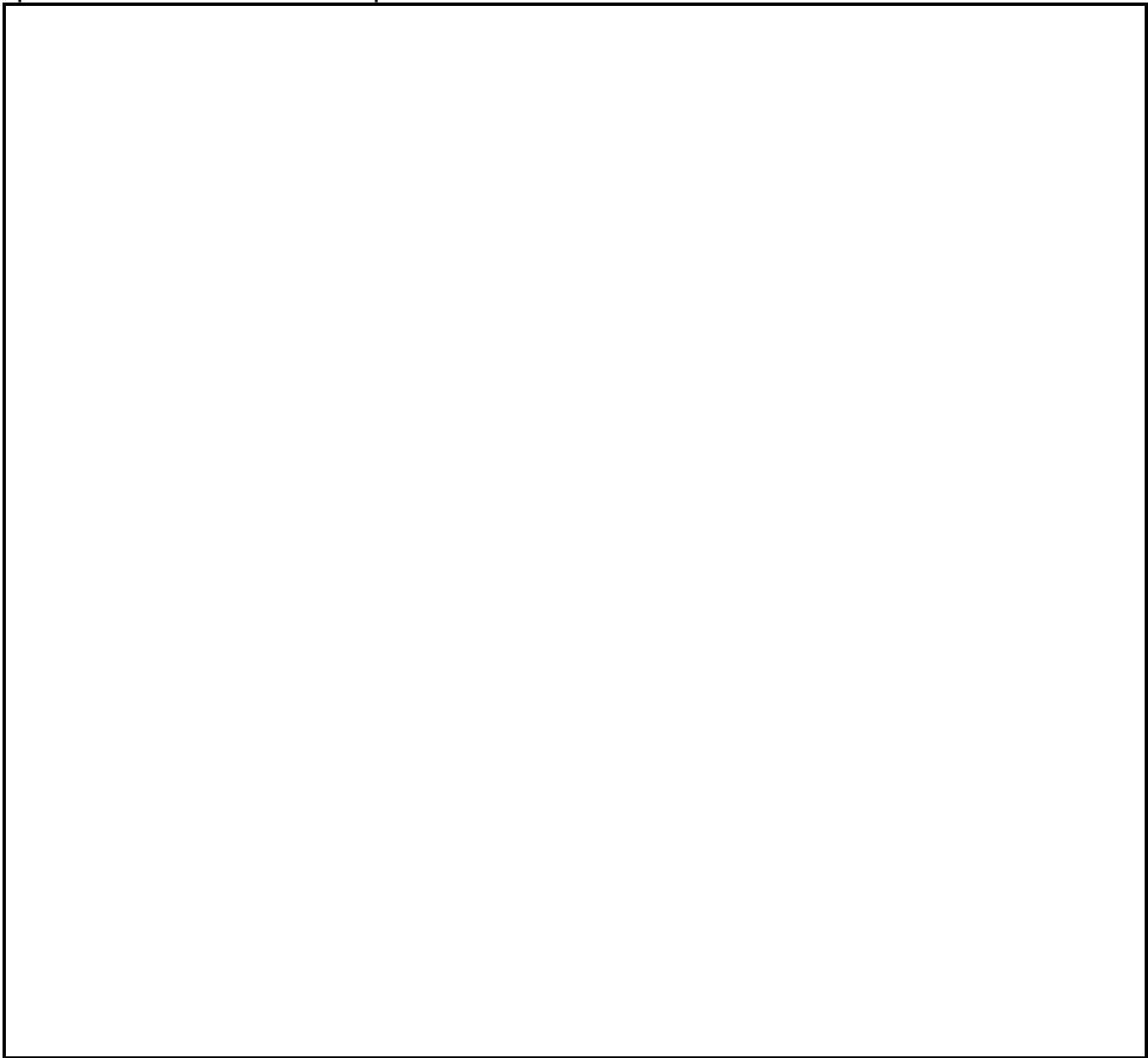
5' round ___; 8' long ___; 5' long ___; registration ___; communion ___; gift ___; other ___

Total seating required: _____

Additional Instructions & Diagram on Back →

Additional Instructions _____

please draw a room set-up DIAGRAM BELOW:



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FOR OFFICE USE ONLY

Date approved by staff _____ DDK ___ OS ___

PLEASE INITIAL WHEN APPROPRIATE NOTIFICATION/CONFIRMATION HAS BEEN MADE:

_____ Contact Person	_____ Staff Secretary	_____ Ministry/Dept Head	_____ Childcare Coordinator
_____ Sonshine World	_____ Sound Technician	_____ Video Technician	_____ Food Service Coordinator
_____ Resource [Deb]	_____ Attendees [mail/phone]	_____ Wedding Coordinator	_____ Reception Coordinator
_____ Bulletin/newsletter	_____ Basketball team	_____ Other [please designate]	_____

_____ Deposit & all required fees received [if non-NLA Event] _____