

FACILITY/EVENT REQUEST

Please note: Saturday events must end by 1 pm in the Worship Center and Chapel unless otherwise approved.

Today's date _____ Person requesting _____

Date(s) of Event _____ Day(s) of the week _____

Event set up time _____ Event starting time _____ Event ending time _____

Event Name _____ Contact person _____

Room(s) requested _____ Email address _____

of people expected _____ Phone # _____

MAINTENANCE SET UP REQUEST (please fill out completely with quantities) (Some equipment not available in all rooms)

_____ # of Chairs _____ # of Tables (6 ft. rectangle)

_____ # of Tables (round white-seats 8) _____ # of Tables (round brown-seats 6)

_____ Food Event (describe) _____ Kitchen Access

_____ Childcare requested (not always available)

_____ Podium _____ TV/DVD _____ Other (please specify)

SEATING Theatre Banquet Room Style Conference/Classroom (tables w/chairs on 1 side) Cleared

MEDIA REQUESTS

Sound tech (describe) _____

Video tech (describe) _____

Lighting tech (describe) _____

Stage tear down (describe) _____

Multimedia presentation (describe) _____

Maintenance Instructions (if needed)

Safe Team Request (Large event or if deemed necessary) _____ # of safe team

OFFICE USE ONLY

_____ Building Use Agreement received & signed Room Assigned _____

_____ Certificate of Insurance received

_____ Deposit received _____ Remaining Balance received

_____ After Hours access

Date approved: ___/___/___ Approved by: _____