

## FACILITY USE REQUEST

**Desired Date:** \_\_\_\_\_  
Day of Week    Month            Day    Year

**Date of Request:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

**Activity:** \_\_\_\_\_ Preferred

**Requestor/Contact:** \_\_\_\_\_

**Home Phone:** ..... G

**Address**

**Work Phone:** ..... G

**City/State/Zip**

**Cell Phone:** ..... G

**Email address:** \_\_\_\_\_

**Fax:** ..... G

To enable best coordination & service, please submit a facility request at least one week prior for a simple event, earlier if possible. Multi-week and major events require more advanced planning.

**Room Assignment:** To best provide for your event and others, the facilities staff will consider the information you provide to assign room(s). Please indicate any set-up style preferences. While the facilities staff coordinates a variety of set-ups, the requestor may be asked to assist with extra or non-conforming set-up and/restoration.

**Times:** Please indicate the earliest time you will need to arrive for set-up. The assigned room(s) may not be available before this time due to other activities or preparation.

**Technical Sound and Lighting Needs:** You will be contacted if you have specific technical needs for your event.

Arrival/Set-Up Time:	Event Begins:
Event Ends:	Departure/Cleanup Time:
Estimated Size of Group: Adults:	Children:
<b>Set-Up Needs</b> (Quantity) Tables: <u>6 ft.</u> <u>8 ft.</u> <u>Round</u> <u>Chairs</u>	
<b>Special Needs:</b> Overhead Projector: G      TV/VCR: G      Sound System: G	
Slide Projector: G      Video/Computer Projector: G	
Kitchen: G      *Nursery: G      Other Equipment:	
Piano: G      Podium: G      Other:	
<b>Remarks:</b>	

\*Note: Except for regularly scheduled worship services, staffing for these special needs is the responsibility of the group using the facilities. The facility staff will provide information for you to make contact with coordinators who will be able to assist or advise. All A/V requests should complete a Technical Needs form.

FOR OFFICE USE ONLY		
Requires Approval of: .....	Date Approved:.....	cc: Ron
Approved By: .....	Date:.....	Tim
		Tech
Room(s) Assigned: .....		
Entry Code:.....	Key(s) or Code Assigned To:.....	
Notes: .....		