

Event & Facilities Request Form

Completion of this request does not constitute final approval for the calendar date and facility usage.
You will be contacted once your request has been approved.

Contact Information

Member's Name: _____

Email: _____ Phone: _____

Event Details

Name of Event: _____

Date: _____ Event Time: (from) _____ (until) _____

Event Location:

- | | |
|---|--|
| <input type="checkbox"/> Christian Education Building | <input type="checkbox"/> Family Life Center (FLC) |
| <input type="checkbox"/> Parlor | <input type="checkbox"/> Playground/Recreation Field |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Social Hall |
| <input type="checkbox"/> Other: _____ | |

Total Time Reserved: (from) _____ (until) _____
Include set-up and clean-up time

Expected Group Size: _____ Event Cost: _____
List \$0 for free or personal events

Ministry Events Only

Event Audience: _____
who is this event for?

Purpose of Event: _____

Brief Description: _____

Will you need help from the deacons to setup? Yes _____ No _____
Restricted to Ministry Events

Equipment/Services Needed:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Tables Chairs | <input type="checkbox"/> Audio/Visual
<small>(Speaker, Microphone, Projector, Screen, etc.)</small> | <input type="checkbox"/> Unlock Doors |
| <input type="checkbox"/> Heating/Air Adjustment | | |

Staff Approval: _____ Date: _____

Session Approval: _____ Date: _____