



FACILITY REQUEST FORM

Sponsoring Ministry/Organization _____

Purpose of Event _____
(Example: Meeting, Rehearsal, Luncheon, etc.)

Date of Event _____ Set-Up Time _____ (AM/PM)

Start Time _____ (AM/PM) End Time _____ (AM/PM)

Expected Number of Attendees: _____

Primary Contact Name _____

Home # _____ Work # _____ Cell # _____

Primary Contact Email Address: _____

EVENT FREQUENCY – PLEASE CHECK/CIRCLE ALL THAT APPLIES IF APPLICABLE.

- Daily
- Weekly *(please circle the day of the week)* M Tu W Th Fr Sa Su
- Monthly
- One-Time Event

SPACE/SUPPORT REQUESTED:

- Dining Room
- Sanctuary
- S.A.W. Room
- Audio
- Video
- Other *(please explain: _____)*



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SETUP SPECIFICATIONS

*(From the list below, please check the specifications required for this event.
Actual setup will be the responsibility of ministry/organization requesting the space.)*

TABLES REQUIRED:

Yes No

- Tables
- Chairs
- Display Easel(s)
- Flip Chart Stand

MEDIA

Yes No

(If media support is requested, please provide the A/V Director with a copy of the request form)

- VCR/DVD/TV Monitor
- Large Screen Projection *(available in the S.A.W. Room only)*
- Microphones needed Quantity _____

MUSIC

Music support needed Yes No

(If music support is requested, please provide the Minister of Music with a copy of the request form)

If yes, please specify _____

SECURITY

Security needed Yes No

If yes, how many officers? _____

FOR STAFF USE ONLY

Approval _____
Church Business Administrator

Date _____

Total cost of request: \$ _____

Received by: _____

Date _____

Additional Notes: _____
