

Facilities Reservation Form



Event : _____ **Estimated Attendance:** _____

Sponsoring Ministry or Individual: _____

Event Date: _____ **Event Times** (setup thru cleanup): _____

Repeat Events:

If this is a repeating event, please complete the following section:

(Example: meet on the 2nd Tue of every month, beginning 2/4/03 and ending 8/12/03.)

We will meet on the: (1st 2nd 3rd 4th 5th) (Sun Mon Tue Wed Thurs Fri Sat) every (week month qrt)

Beginning Date: _____ Ending Date: _____

Start Time (including setup) : _____ End Time (including cleanup) : _____

Facilities Needed

(Please check all that apply)

- ☐ Atrium
- ☐ Auditorium
- ☐ Classroom(s)
- _____
- ☐ Family Life Center
- ☐ Grounds
- ☐ Kitchen * (See below)
- ☐ Library
- ☐ Media Center
- ☐ Nursery
- ☐ Patio (outside Atrium)
- ☐ Playground
- ☐ Teen Room
- ☐ Other

Equipment Needs

TABLES/SEATING (Enter Number Needed)

- _____ Oval Tables (seat 8 per table; 30 available)
- _____ Rectangle Tables (seat 10 per table; 12 available)
- _____ Upholstered Chairs (200available)

SOUND SYSTEM/AUDIO VISUAL EQUIPMENT (Please check items needed)

- ☐ Microphones, speakers, etc. Location: _____
- ☐ TV-VCR Location: _____
- ☐ Overhead projector and screen Location: _____
- ☐ Podium/Speaker Stand Location: _____
- ☐ White board Location: _____
- ☐ Other Location: _____
- ☐ Other Location: _____

If using the kitchen, you are responsible for complete clean-up, including table cloths and dish towels.

Approved by: _____

Date: _____

Any problems noticed during use of the facilities: _____
