

# 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 2<sup>nd</sup> Tue of every month, beginning 2/4/03 and ending 8/12/03.)

We will meet on the: ( 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> ) ( **Sun Mon Tue Wed Thurs Fri Sat** ) every ( **week month qrtly** )

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Start Time (including setup) : \_\_\_\_\_ End Time (including cleanup) : \_\_\_\_\_

Facilities Needed (Please check all that apply)	Equipment Needs	
Atrium	<b>TABLES/SEATING</b> (Enter Number Needed)	
Auditorium	_____ Oval Tables (seat 8 per table; 30 available)	
Classroom(s)	_____ Rectangle Tables (seat 10 per table; 12 available)	
_____	_____ Upholstered Chairs (200available)	
Family Life Center	<b>SOUND SYSTEM/AUDIO VISUAL EQUIPMENT</b> (Please check items needed)	
Grounds	Microphones, speakers, etc.	Location: _____
Kitchen * (See below)	TV-VCR	Location: _____
Library	Overhead projector and screen	Location: _____
Media Center	Podium/Speaker Stand	Location: _____
Nursery	White board	Location: _____
Patio (outside Atrium)	Other:	Location: _____
Playground	Other:	Location: _____
Teen Room		
Other		

**If using the kitchen, you are responsible for clean-up, including dish towels and tablecloths.**

\_\_\_\_\_  
 Responsible Party (PLEASE PRINT)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Today's Date