

Facility Use Request

Office Use Only

Today's Date

Event Title

Event Contact/Coordinator/Ministry Team

Daytime Phone Number

Email Address

Event Date/Time:

Set-up Date/Time

Take-down Date/Time

Room(s) requested:

Notes:

Approved by: _____ **Date** _____

Facility Coverage: _____

Relationship to the church:

Member ____ Ministry Partner ____ - Name of Group: _____

Other: _____

Number of People Expected: Adults ____ Kids ____

Kitchen use requested? Yes ____ No ____

Food Storage ____ Food Prep ____ Beverage Prep ____ Coffee Prep ____ Oven ____ Stove ____

Caterer/Food Coordinator: _____ Phone#: _____

Hospitality Team Requested? Yes ____ No ____ (If yes, a separate form will be completed.)

Notes: _____

Set-up Notes: _____

Set-up Diagram attached ____

Will any of the following be requested?* (check all that apply):

Sound ____ Person: _____

Projection ____ Person: _____

Video Recording ____ Person: _____

Video Streaming ____

*(*May not be available for all events and fees may apply.)*