



Facilities Request Form

Meeting/Event Information

Requested by: _____

Meeting/Event Title: _____ Number of people expected: _____

Contact person: _____ Contact phone: _____

Recurring meeting? No Yes, Day/Date: _____ End Date: _____

(i.e. Every 1st of the Month or every Monday)

Meeting/Event Date: _____

Event Start Time: _____ A.M./P.M. Event End Time: _____ A.M./P.M.

Setup Information

(Please note after event, meeting must be returned to setup state. All trash must be removed to the kitchen area, room vacuumed and paper removed.)

Setup Date: _____ Setup Time: _____ A.M./P.M.

Room(s) Requested:

Sanctuary Fellowship Hall
 Multi Purpose Classroom Conference Room
 Youth Classroom

Setup items needed:

Podium required? Yes No

Number of chairs required _____

Number of square tables required _____

Number of round tables required _____

Other equipment requested: _____

Will you need anything attached to the walls? Yes No

Room setup style:

Theater Classroom
 Banquet Other, _____

Audio Request

Microphones required? Yes No Number of microphone(s):
CD player required? Yes No
Flip chart required? Yes No

Floor Plan Drawing

Please include a sketch of the room layout you are requesting

For administrative use only

Project approved? Yes No Approved by: _____
Calendar updated? Yes No
Room drawing provided? Yes No
Assigned building steward: _____ Duty: Open Close Setup
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Assigned building steward: _____ Duty: Open Close Setup
Assigned audio Representative: _____ Record? Yes No