

Facility Usage Request Form

Please submit a minimum of 10 days prior to the event

Today's Date _____

Date of Event: _____

Time of Event: _____

Event Name: _____ **Number Expected:** _____

Room(s) Requested: Social Hall Atrium Living Room Classroom
 Gallery Multi Purpose Adult Ed Library Chapel Conference Room

Maintenance Requested:

Set Up: Yes No Additional: Yes No Explain: _____

Tables Requested- LOCATION 1 _____

48" Round: _____ # 30" Round: _____ # 8' Rectangular: _____ # 6' Rectangular: _____

Cloths Requested: Yes No #Round: _____ #Rectangular: _____

Chairs Requested: Yes No #Chairs: _____

Coffee/Water/Tea Requested: Yes No

Tables Requested- LOCATION 1 _____

48" Round: _____ # 30" Round: _____ # 8' Rectangular: _____ # 6' Rectangular: _____

Cloths Requested: Yes No #Round: _____ #Rectangular: _____

Chairs Requested: Yes No #Chairs: _____

Coffee/Water/Tea Requested: Yes No

Miscellaneous Items:

Microphone/stand Cordless Microphone TV/DVD playback system Screen
 Projector/Computer system Widescreen Television OTHER _____

Additional Instructions: _____

Deliveries Expected: Yes No **Vendor Name:** _____

[Deliveries can be made M-Th 9:00am-4:pm, Fri 9:00am-noon, weekends with prior approval from the Executive Director]

Committee: _____ Contact Name _____

Phone - Day: _____ Evening: _____ Cell: _____

I have added the necessary diagram on the back of this form.

Rec'd in office _____ Date _____ Exec. Director _____ Signature _____