

# 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 \_\_\_\_\_