



FACILITY USAGE
REQUEST FORM
(All Facilities Except Gym)

Event: _____

Name of Group/Organization: _____

Person Accepting Responsibility: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Alternate Contact Person: _____ Phone: _____

Day of Event: SUN MON TUE WED THU FRI SAT

Month: _____ Day: _____ Year: _____

Start Time: _____ AM PM Estimated End Time: _____ AM PM

Set Up Date: _____ Set Up Time: _____ AM PM

Approximate Number of Attendees: _____

AREA REQUESTED:

- Sanctuary, Fellowship Hall, Chapel, Family Life Center basement, Kitchen, Nursery

Equipment & Furnishings:

- Tables with Chairs (8' Rectangular, 6' Rectangular, Round), Folding Chairs, Tablecloths, Media (TV, VCR, DVD, Multi-Media Projector), Overhead Projector, Projector Screen, Microphones, Sound System, Piano/Organ, Easel, Dry Erase Board

Special Instructions: _____