



MINISTRY FACILITIES REQUEST FORM

Complete this form and submit to the Facilities Coordinator through the appropriate Dept. Head 14 DAYS OR MORE FOR ROOMS, MEDIA AND FOOD SERVICES. Failure to do so may result in additional charges for food service or denial of your request.

NOTE: PLEASE FILL IN ALL INFORMATION TO PREVENT RESERVATION DELAYS.

ROOM & TABLE REQUESTS

Today's Date: _____ Event Date: _____

Ministry/Group Name: _____

Event Title: _____

Contact Person: _____ Telephone # _____

E-Mail Address: _____

Ministry President: _____ Telephone _____

E-Mail Address: _____

Check All That Apply:

Every week Every other week Once a month One Time X

1st 2nd 3rd 4th 5th

Mon Tues X Wed Thurs Fri Sat Sun

Start Date: _____ Start Time: _____ PM

End Date: _____ End Time: _____ PM

Number of Rooms: ____ Number of People: _____

Sanctuary Chapel Fellowship Hall Specific Room: # ____ *reservation based on availability*

Registration Table (*circle: main lobby or chapel foyer*)

SET UP REQUIREMENTS:

Are tables needed _____ If yes, how many? _____

Desired set-up: U- Shape Circle Lecture (*rows of chairs*) Empty Space

Classroom (*with tables*) Conference/ Board Room Reception/ Banquet

Other _____ (*Please attach a diagram and description*)

**Please check information board daily for classroom assignments; locations are subject to change.*

MEDIA

Equipment Needed:

- Wi-Fi Request CD Player DVD TV LCD Projector
- Overhead Projector 4 X 4 Screen 6 X 6 Screen 7 X 9 Screen 9 X 9 Screen
- 16-Channel A&H Mixer w/ Speakers & Mic Microphone & Stand Karaoke System Video Camera (requires a tech/training) Tripod

A THIRTY-DAY (30) NOTICE FOR EVENTS HELD IN THE SANCTUARY AND/ OR CHAPEL IS REQUIRED.

FOOD SERVICES

Event Start Time: _____ Time Food is to be served: _____

Persons Guaranteed: _____ Persons to prepare for: _____

Additional Items (Will Require Additional Costs)

Circle: Linen China* Paper products Servers

Menu Items: _____

Special Instructions: _____

**China includes plates, saucers, bowls, cups, glasses and silverware.*

Not to Exceed \$ _____

Amount subject to approved budget.

Received By: _____ **Approved:** _____
Facilities Coordinator *Staff Pastor*

Date: _____ **Approved:** _____
Dept. Mgr/"E"

Location of Event: _____