

# FACILITY USE REQUEST FORM

DATE SUBMITTED: \_\_\_\_\_ OUTSIDE ORGANIZATION: ( ) NO ( ) YES

MINISTRY/GROUP: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_

DATE(S)/TIME(S) REQUESTED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER IN GROUP: \_\_\_\_\_ BUILDING/ROOM(S) TO BE USED:

SANCTUARY ( ) FELLOWSHIP HALL ( ) CONFERENCE ROOM (S): ADMIN ( ) LOWER LEVEL ( )

UPPER LEVEL ( ) CLASSROOMS(S) ( ) ROOM # (S) \_\_\_\_\_ KITCHEN ( )

INSIDE CATERER: YES ( ) NO ( ) OUTSIDE CATERER YES ( ) NO ( ) (ADDITIONAL COSTS MAY APPLY)

MEALS SERVED: BREAKFAST ( ) LUNCH ( ) DINNER ( ) RECEPTION ( )

KITCHEN EQUIPMENT TO BE USED: \_\_\_\_\_  
(I.E., OVEN, COFFEEMAKER, STOVE, CANNING DISHERS, REFRIGERATOR, FREEZER)

RESPONSIBLE FOR CLEAN UP (NAMES) \_\_\_\_\_

KITCHEN LINENS REQUIRED: YES ( ) NO ( ) PERSON RESPONSIBLE FOR CLEANING: \_\_\_\_\_

TABLE CLOTHS: YES ( ) NO ( ) CHAIR COVERS: YES ( ) NO ( ) SASHES YES ( ) NO ( )

PLEASE NOTE: KITCHEN AREA MUST BE SWEEPED, LEFT CLEAN, TRASH BAGGED, AND EVERYTHING PUT AWAY.  
A SERVICE FEE FOR LINEN USE WILL BE CHARGED IN ADVANCE. **NO ITEMS ARE TO BE REMOVED FROM PREMISES.**  
INSURANCE CERTIFICATE OF INSURANCE: EXPIRATION DATE \_\_\_\_\_

TABLES NEEDED: ROUND \_\_\_ LONG \_\_\_ CHAIRS NEEDED: \_\_\_\_\_ PER TABLE \_\_\_\_\_

SET-UP NEEDED: STANDARD ( ) CLASSROOM ( ) THEATER ( ) SPECIAL ( ) PLEASE DESCRIBE BELOW.

WARD TABLECLOTHS USED: YES ( ) NO ( ) ADDITIONAL USE FEE REQUIRED IN ADVANCE.

SOUND TECHNICIAN: NO ( ) YES ( ) NUMBER OF MICROPHONES: \_\_\_\_\_

PARKING LOTS: ADAMS/MAGNOLIA ( ) 25TH & MAGNOLIA ( ) ADMINISTRATIVE ( )

SPECIAL REQUIREMENTS/INSTRUCTIONS: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Room Available: Yes ( ) No ( ) If not available, alternate room assigned \_\_\_\_\_

Fee: \$ \_\_\_\_\_ FEE WAIVED: ( )

Signed: \_\_\_\_\_ Pastor's Approval \_\_\_\_\_

DISTRIBUTION: Trustees ( ) Ministry Group ( ) Culinary Ministry ( ) Sound Technician ( ) Nathan ( ) Parking ( )