



Facility Reservation Form

Today's Date: _____

Your Name: _____ Your Cell #: _____

Your Home Phone: _____ E-mail: _____

Organization: _____
(Committee, Sunday School Class, Ministry Team, Community Organization, etc.)

Date(s) of Event: _____ Expected Number of Attendees: _____

Name of Project/Event/Meeting: _____

Type of Event: Group Meeting Meal Sports/Recreation Other: _____

Is this a recurring event? Yes No If yes, how many sessions? _____ Date of Last Session: _____

Event Times

No prep time needed.

Prep Beginning Date & Time: _____ Prep Ending Date & Time: _____

Actual Beginning Time of Event: _____ Actual Ending Time _____

Facility or Room Requested (v)

<input type="checkbox"/>	Family Life Center/Gym Area	<input type="checkbox"/>	The Lodge
<input type="checkbox"/>	Family Life Center Room 219	<input type="checkbox"/>	Worship Center/Sanctuary
<input type="checkbox"/>	Family Life Center Kitchen*	<input type="checkbox"/>	Other

Not sure what room to request? Please ask!

Special Needs

√	Audiovisual Equipment	√	Other	√	Sound System (These items require an approved AV tech and fees may be required.)
	TV/DVD Player		Stage		Microphones
	Projector		Bleacher seating		Speakers
	Projection Screen		Internet Access		

Advertisement/Publicity

Please complete the Project/Event Advertisement/Publicity form.

Vans-*may be reserved for church sponsored events and drivers must be on the approved driver list.*

No church van is needed.

Please reserve one or two church vans for this event.

Driver _____

Driver _____

Room Setup

(Both round and rectangular tables can seat 8 people.)

Diagram how you would like the tables and chairs set up.