



COMMUNITY - FACILITIES REQUEST FORM

Note: This form **MUST** be filled out entirely before approval can be granted.

15 Days Notice Required - \$50 Due at 'Time of Request' (non refundable)

NAME OF EVENT/ACTIVITY _____ TIME OF EVENT _____

GROUP _____ SIZE OF GROUP _____

DAY & DATE _____ TIME OF ARRIVAL _____ TIME OF DEPARTURE _____
OF ACTIVITY _____

RECURRING EVENT (indicate weekly, monthly, etc.) _____

PERSONS RESPONSIBLE FOR CLEAN UP _____

LOCATION: (circle each area needed below.)

Main Auditorium

Youth Room

Conference Room

Fellowship Hall

Kids Room

LIFEcave

Kitchen

CHECK ITEMS NEEDED: (There may be a charge associated with any of these items.)

- Video Projector
- Wall Screen **(Fellowship Hall Only)**
- DVD/VCR/TV
- Other _____
- Air Conditioning/Heat
- Sound (Approved personnel required)
- Open/Lock-up Arrangements

Submitted by _____ Date _____

Address _____ Phone _____

Signature _____ **(By signing I agree to conditions)**

Important Notice:
 The room(s) has to be reset as was found (furniture, cleaning, etc). You will be charged the cost of a cleaning otherwise. Credit Card info has to be on file, for extra charges:
 Name on card _____ Card # _____ Exp. (mm/yy) _____ CVS # _____

(Office Use Only)

Approved for Master Calendar? Yes No Date _____ Signature _____

Amt. Due: _____ **Due By:** _____

Approval granted contingent on the following: _____

Event not approved because: _____

