

ROOM REQUEST FORM

Activity: _____

Date Submitted: _____

Ministry Department: _____

of People: _____

Date(s) of Activity: _____

Contact Person: _____

Set Up Time: _____

Start Time: _____

End Time: _____

**Please note that the use of the Youth Room requires the approval of the Youth Pastor; use of the Chapel requires approval of the Children's Pastor; use of the Sanctuary and Choir Room require approval of the Fine Arts Pastor.*

Room(s) Requested (please circle):

Fellowship Hall Kitchen Sanctuary Choir Room Youth Room
Chapel Classroom # _____

If Requesting the Fellowship Hall:

- 1) Please use the back of this form to diagram the set up you wish to have.
- 2) Indicate number of chairs and tables needed:

_____ Chairs _____ Tables (_____ Round _____ Rectangular)

Sound/AV Equipment Use – Please circle what you need: (Fellowship Hall, Sanctuary, Youth Room)

PA System # of Microphones _____ Keyboard Grand Piano
Video Projector and Computer VCR Overhead Projector Other _____

Sound Team Member(s) Assigned: _____

Approved: _____

Fine Arts Pastor

Room Usage Expectations:

Because of the high volume of use in our facility, it is important that once your usage of a room is done that you return it to the condition in which you found it. Please also be sure to clean up well after the usage is complete.

OFFICE USE ONLY

DATE APPROVED: _____

Dept. Pastor's Approval: _____

Office Approval (Gary) _____

Person Unlocking Facility _____

Person Locking Facility _____

Copies to: _____ Calendar _____ Custodial

_____ Kitchen _____ Approving Pastor