

# FACILITY USE REQUEST

**1. Please complete each line below**

**2. This form may be used for multiple dates ONLY IF all of the given information is the same for each of the specified dates – otherwise, please use separate forms for separate dates.**

**3. All submitted requests will be reviewed for approval Tuesday morning at 8:00am**

Event: \_\_\_\_\_ Ministry: \_\_\_\_\_

Request submitted on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested by: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Event date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ Event start/end time: \_\_\_\_\_ to \_\_\_\_\_

Alternate date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ Event set-up time: \_\_\_\_\_ to \_\_\_\_\_

Is this a regular recurring event? Weekly  Monthly

Rooms requested: \_\_\_\_\_

Number of persons expected: \_\_\_\_\_ Number of chairs needed: \_\_\_\_\_

Number of tables needed: \_\_\_\_\_

Set-up Contact: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Clean up Contact: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Yes, I need a facility person

Kitchen Use  Sound Person  This event needs childcare

Special instructions/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Assignments confirmed

Facility Person: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Sound Technician: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Chairs & Tables Crew: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Entered onto master calendar by: \_\_\_\_\_ on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation print-out sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_