**PMC EVENT & ROOM RESERVATION REQUEST**

Please complete both sides of this form and return it to PMC’S church office. Upon our review, we’ll call the key event coordinator to let them know of our ability to confirm the room reservation.

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| **EVENT & ROOM INFORMATION**  | **THE DATE ON WHICH THIS FORM WAS SUBMITTED:** |
| **DAY & DATE OF EVENT:** (e.g. Sunday, June 18, 2017) | **START & STOP TIMES:** (e.g. 2-4p) |
| **NAME OF EVENT:** |
| **ROOM(S) REQUESTING (CIRCLE ALL THAT APPLY)** SANCTUARY (CAP: 250) FELLOWSHIP ROOM (CAP: 75) MEETING ROOM (CAP: 40-THEATER-STYLE ONLY!)  |
| **TYPE OF EVENT: (CIRCLE ALL THAT APPLY)**RELIGIOUS SERVICE MEETING RECEPTION CONCERT CLASS/SEMINAR PARTY OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IS THIS A ONE-TIME EVENT?** YES NO | **IS THIS A RECURRING EVENT?** YES NO |
| **NO. OF GUESTS ANTICIPATED:**  | **TIME NEEDED TO SET-UP:** |
| **NAME OF HOSTING GROUP OR RESIDENT:** | **IS GROUP/RESIDENT PMC-AFFILIATED?** |
| **KEY EVENT COORDINATOR & EMAIL ADDRESS:** **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **KEY EVENT COORDINATOR PHONE NUMBERS:** **CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **BACK-UP COORDINATOR & EMAIL ADDRESS:** **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BACK-UP COORDINATOR PHONE NUMBERS:** **CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **EVENT NEEDS** |
| **ROOM SET-UP** If reserving more than one room, please indicate on reverse side of this form the requirements for this room. * **CHAIR FORMAT:** THEATER (no tables) CLASSROOM (rectangular tables with chairs on one side)
* **TABLES:** 8 (60”) ROUND TABLES (8 PPL/TABLE) 8 SEMINAR (18” X 60”) TABLES: (3 PPL PER TABLE; ON ONE SIDE)
* **MUSIC**: AUDIO NEEDS FOR CDs PIANO ORGAN
* **AUDIO-VISUAL NEEDS:** MICROPHONES (HANDSETS OR HEADSETS) SOUND COMPUTER/WIFI VIDEO-TO-CAMPUS VIDEO /DVD RECORDING
* **MISCELLANEOUS NEEDS**: PODIUM-LECTERN DISPLAY TABLES (e.g. 30” X 72” RECTANGULAR TABLES)

 OTHER? \_\_\_\_\_\_\_\_\_\_\_\_ |
| **FOOD/REFRESHMENTS****PLEASE ACKNOWLEDGE AND AGREE TO THESE ITEMS (by signing your initials):**1. I have received and agree to the terms detailed in the KITCHEN USE INSTRUCTIONS. **Your initials: -\_\_\_\_\_\_\_\_\_**
2. A Kitchen Coordinator will be assigned to your event ONLY to give guidance to your members; she is not there to do the work of providing or serving refreshments for your event. You will need to recruit your own people to work with the Kitchen Coordinator**. Your initials: \_\_\_\_\_\_\_\_\_**
* OTHER THAN BEVERAGES, WILL FOOD/REFRESHMENTS NEED TO BE PREPARED ON-SITE? YES NO
* (KITCHEN AMENITIES: ELECTRIC STOVE, SMALL MICROWAVE OVEN, ICE MAKER, DISHWASHER, BIG REFRIGERATOR)
* OTHER FOOD/BEVERAGE NEEDS (DETAIL HERE):
 |
| **USE THIS SPACE TO NOTE ANY SPECIAL INSTRUCTIONS OR TO PROVIDE A DRAWING OF YOUR SUGGESTED LAY-OUT:** |
| **FOR OFFICE USE:** THIS REQUEST WAS (circle) CONFIRMED OR DECLINED FOR THIS REASON(S): THE KEY EVENT COORDINATOR WAS NOTIFIED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON THIS DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**COPIES OF THIS REQUEST WILL BE DISTRIBUTED TO THE FOLLOWING PEOPLE WHO WILL CONTACT YOU IF CLARIFICATION IS NEEDED.****DISTRIBUTION: ORIGINAL:** Church Office **COPIES TO:** * **NEIL PETTY**, Building & Grounds
* **PAUL LIERMAN**, Audio-Visual Service Asst.
* **TERRY MULLER,** Audio Visual Coordinator
* **HARRY PARROTT**, Caretaker
* **ROGER DEHAAN,** Vice Moderator Support

**PENNEY MEMORIAL CHURCH, 4465 Poling Blvd., POB 354, Penney Farms, FL 32079 – 904284-4574** |