



# Facility Request Form

<b>Group Name:</b>   <b>Date Facility is Needed:</b>	<b>Contact Name:</b>	<b>Expected Attendance:</b>	<b>Beginning Time:</b> (including set up)
	<b>Contact Phone:</b>	<b>Time of Actual Event:</b>	<b>Ending Time:</b> (including clean up)
	<b>Contact E-mail:</b>		

**Date Pattern**

**Kitchen Facilities**

<table border="0"> <tr> <td><b>Day</b></td> <td><b>Week</b></td> </tr> <tr> <td>___ Sunday</td> <td>___ One Time</td> </tr> <tr> <td>___ Monday</td> <td>___ Ongoing</td> </tr> <tr> <td>___ Tuesday</td> <td>___ Every other</td> </tr> <tr> <td>___ Wednesday</td> <td>___ 1st</td> </tr> <tr> <td>___ Thursday</td> <td>___ 2nd</td> </tr> <tr> <td>___ Friday</td> <td>___ 3rd</td> </tr> <tr> <td>___ Saturday</td> <td>___ 4th ___ 5th</td> </tr> </table>	<b>Day</b>	<b>Week</b>	___ Sunday	___ One Time	___ Monday	___ Ongoing	___ Tuesday	___ Every other	___ Wednesday	___ 1st	___ Thursday	___ 2nd	___ Friday	___ 3rd	___ Saturday	___ 4th ___ 5th	<p>Do you wish to use the kitchen? Circle one: <b>Yes</b> <b>No</b></p> <p>If yes, for what purposes? (Food prep, storage, cooking, etc)</p>  <p>Time frame you will need the kitchen facilities if different from above</p> <p><b>Reminder:</b> Groups may use the church's pots, pans &amp; utensils but MUST supply their own food and disposable products.</p>
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**Space Requested**

**Equipment**

1st Floor (lower level)	2nd Floor (main level)	Quantity
___ Room 112	___ Worship Center *	___ Chairs
___ Room 113	___ Commons	___ Rect. Tables
___ Room 114	___ Warming Kitchen	___ Round Tables
___ Room 115/117	___ Room 210 / 212 Nursery	___ Podium
___ Room 116	___ Room 211	___ Proj. & Screen
___ Room 120	___ Room 213 / 215 Conf. Room	___ TV / VCR
___ Room 121 / 123	___ Room 214 / 216	___ Other
___ Big Room	___ Room 221	
___ Room 127	___ Room 222	
___ Gym	___ Community Room	
___ Youth Room	___ Gym Stage/Green Room	
	___ Room 223	
	___ Room 224	
	___ Room 225 / 227	
	___ Room 226	
	___ Room 228	
	___ Room 230	
	___ Room 232	
	___ Preschool Playground	
	___ Elementary Playground	
	___ Treehouse	
	___ Commercial Kitchen	

*\*Operation of sound equipment in WC requires sound tech. Please inquire about the rate. I acknowledge receipt of facility use guidelines: \_\_\_\_\_ (initial)*

**Special Instructions / Requests (Sketch diagram of set up requested on reverse side or on a separate sheet)**

**For Office Use Only**

<b>Fee \$</b>	<b>Date Fee Received:</b>
<b>Date Insurance Cert. Rec'd:</b>	