

REQUEST FOR MULTI-DATE MEETING OR EVENT

Name of Organization/Ministry	e of Organization/MinistryNo. of People Expected		
Event Contact/Church Member	Event Purpose		
Phone: Home Cell	Work	Work	
Email:			
Address:	City	ZIP	
Room(s) assigned			
If kitchen: Name of Kitchen Coordinator:			
Meeting Schedule (circle all that apply): the 1st, 2r	nd, 3rd, 4th, every M T W Tł	H F SA SU	
(circle months that group meets) JAN FEB MAR	APR MAY JUNE JULY AUG S	EPT OCT NOV DEC	
Or list dates			
From: am/pm To: am/pm (<i>Time room is needed</i>)	: am/pm (Actual meeting time)		
Please arrange for childcare for church sponsored event	s through the Membership & Volunteer	r Coordinator.	
Please indicate equipment needs: Room ok as is: Number of round tables (seat 6):	Number of chairs	(max 8)	
Number of 6' rectangular tables:	Number of chairs		
Location of chairs and tables in room:			
Other needs:			
Fees Due at Reservation \$50 Security Deposit: \$50 Per Hour Custodial Fee (<i>after reg. hours</i>): \$50 per hour Audio Visual Tech Fee:			
TOTAL:			
I have read and understand the guidelines for use of chu	ırch facilities and supplies/equipment a	nd agree to comply with same.	

Signature ______ Date Submitted ______

FOR CHURCH STAFF TO COMPLETE.		
Usage Approved:	Date:	
Please use building entrance:		
Date Facility Use Policy form mailed/emailed and notified of approval.		
Date Gym Usage and Guidelines Received		
Date Consent and Release Received		
Date security Deposit Received	Check No	
Date Security Deposit Returned		
Date Fees collected.	Check No	
Paperwork given to Custodians		