

Facility Reservation Form

Request Information

A facility request form is to be submitted four (4) weeks before event.

Specific responsibilities of person submitting request:

1. Leave area as it was before the event.
2. Set up and tear down whatever you use in the area as discussed with the facility manager.
3. Empty trash into dumpster.

Today's Date _____

Personal Information

Name (First) _____ (Last) _____

Address _____ (City) _____ (State) _____ (Zip) _____

Phone Number (____) _____ E-mail _____

Personal Use (Yes) _____ No _____ Ministry Group Use (Yes) _____ (No) _____

Is this a recurring event? (Yes) _____ (No) _____ How long? _____

Event Information

Event _____

Date of Event _____

Time Frame of Event (beginning to ending) _____ to _____

Number of Persons Attending _____

Purpose of Event

(Over)

Necessary Room Set Up and Equipment

What room(s)?

What equipment?

How should the area be arranged?

If main ministry center is used, please check what your needs are...

- _____ sound – microphones, cd, etc.
- _____ use of video screens
- _____ special lighting needs

NOTE – Arrangements for these needs must be made at the time the application is submitted so that qualified personnel can be scheduled to run the required equipment. It is the primary responsibility of the applicant to contact sound and media tech a MINIMUM of two weeks before the event.

Please submit for scheduling availability to Bill Jenkins.

Payment of total fee amount functions as security to hold the date of event.

Confirmation Information (Completed by Staff)

Purpose Approved/Disapproved (Minister):

Completion of letter of agreement (Yes) ____ (No) ____

Scheduling Approved/Disapproved (Facility Manager):

Request Confirmation:

Facility Manager Contact _____

Date _____

Via Phone (Yes) ____ (No) ____

Via Letter (Yes) ____ (No) ____

Via E-mail (Yes) ____ (No) ____

Sound/Media Contact (Yes) ____ (No) ____

Security Code Issued (Yes) ____ (No) ____

Key Issued # _____

Discussion of total rental fee and building guidelines with applicant. _____

Rental Fee: \$ _____

Sound Tech: \$ _____

Tech Name: _____

Media Tech: \$ _____

Tech Name: _____

Total Rental Amount: \$ _____

Date Received: _____

Important Note: An event is confirmed when the total amount is paid in full. All payments must be submitted four (4) weeks prior to the date of the event.