

ROOM USE/ACTIVITY RESERVATION FORM (MINISTRY RELATED)

(Properties Committee must approve room and sports area usage. No fee or donation required.)

Section 1: Event Information

1. Event name: _____
2. Description: _____
3. Anticipated attendance: _____
4. Responsible person for event: _____
5. Responsible person's phone number: _____
6. Date(s) of event: _____ Time of event: _____
Time room is needed for set up: _____ Time clean up will be completed: _____
7. One time event ___ Ongoing ___ (If ongoing, what day of week: M T W Th F S S) (Circle)
8. Ongoing event: Starting date ___/___/___ Ending date ___/___/___
___ Weekly ___ Monthly ___ Other _____
9. I have read and understand the Facility Use Guidelines _____ (Initial)

Section 2: Resources

1. Please check all requested rooms (Building maps available upon request):
 - Atrium Friendship Room
 - Ball Diamond Gym
 - Fellowship Hall Educational Area, Classroom # _____
 - Fireside Room Other _____

If a kitchen is required, indicate which kitchen: By Fellowship Hall By Gym By Parlor

2. Do you need room set up? ___ Yes ___ No (Limited set up available)
Please contact custodian 10 days prior to event with arrangement needs.
3. Do you need tables/chairs available for this event? How many? ___ tables ___ chairs
4. Check additional items needed:
 - None Athletic Equipment Coffee Maker
 - Overhead Projector Podium Punch Bowl
 - Sound System VCR
 - Other _____

Office Use Only

Date approved _____ By _____
Date entered on calendar _____ By _____