



REQUEST FOR USE OF CHURCH FACILITIES

Name of Group _____ Number of Participants Expected _____

Contact Person _____ Phone Number _____ Cell _____

Type of Event (*dance, concert, class, play, dinner, etc.*) _____

Date of Function _____ Day of Function _____ Time (*specific hours*) _____

Room Requested (*please circle or specify*) **Please indicate how you need the room set-up on the back.**

Sanctuary Peterson Fellowship Hall Session Room Chapel Kirk House Youth Rec Room

Library Rainy Day Room Kitchen* Church Bus: Small/ Large Other _____

Nursery Required? Yes No Approx. age of children _____ Approx. number of children _____

*If you are planning an evening or weekend function that involves the kitchen, you **MUST** contact the **Property Chair** to arrange sexton assistance. (*Sexton Fees may be charged for weekend and evening services.*)

Audio/Video Requirements

Media required (Pre-recorded) (*VHS tape, DVD, CD, Cassette, PowerPoint, etc.*) _____

Number of microphones: Vocal _____ Wireless _____ Podium _____ Wide coverage (*choir type*) _____

Stage Lighting _____

Will the presentation need to be recorded? No Yes ⇒ CD Tape

Will a rehearsal be required? Yes No Date _____ Time _____
(*Technician fees may be charged for Audio/Video services*)

Sign off:

Sr. Pastor's Secretary _____

Required _____ Date _____

Sexton _____

Required _____ Date _____

Technician _____

If Necessary _____ Date _____

Children/Youth Pastor _____

If Necessary _____ Date _____

Boy Scouts _____

If Necessary _____ Date _____

APPROVED _____

Business Administrator _____ Date _____

-- **Please See Other Side** --

ROOM SET-UP

(Please be specific – diagram if necessary)