

## REQUEST FORM

This form must be completed, submitted to the church office (Veronica Estes) and approved by the staff, before any activity will be scheduled on the church calendar, facility reserved, or equipment or supplies provided.



1. Name of organization and responsible party: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is this a church related activity? \_\_\_\_\_ Briefly, state the nature of the meeting and how many participants will use the facility. \_\_\_\_\_

2. Particular space requested:(List all areas you plan to use) \_\_\_\_\_

3. Date of event: \_\_\_\_\_ Set up Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### 4. Materials:

#### Supplies from Kitchen:

##### Paper Goods:

- On campus
- Off campus
- 8 oz. Cups (Qty \_\_\_\_\_)
- 12 oz. Cups (Qty \_\_\_\_\_)
- Dinner Plates (Qty \_\_\_\_\_)
- Dessert Plates (Qty \_\_\_\_\_)
- Plastic Utensils (Qty \_\_\_\_\_)
- Bowls (Qty \_\_\_\_\_)
- Napkins (Qty \_\_\_\_\_)

##### \*Dishes:

- "Clear glass plates" (Qty \_\_\_\_\_)
- "Clear glass cups" (Qty \_\_\_\_\_)
- Serving Platters (Qty \_\_\_\_\_)
- White dinner plates (Qty \_\_\_\_\_)
- White dessert plates (Qty \_\_\_\_\_)
- White bowls (Qty \_\_\_\_\_)
- Coffee cups (Qty \_\_\_\_\_)
- Forks (Qty \_\_\_\_\_)
- Spoons (Qty \_\_\_\_\_)
- Pitchers (Qty \_\_\_\_\_)
- Coffee Urns (Qty \_\_\_\_\_)
- Punch Bowl (Qty \_\_\_\_\_)
- Ladle (Qty \_\_\_\_\_)
- Tablecloths (Qty \_\_\_\_\_)  
limited availability
- Silver Service Set
- Knives (Qty \_\_\_\_\_)

\*Use of these items will require fees for dishwasher.

#### \*\*Audio Visual Equipment ( Please, check all that apply )

- Microphones (Qty \_\_\_\_\_)
- Piano
- CD Player
- Cassette Player
- Computer
- Video Screen
- TV
- VCR
- DVD Player
- Internet Access
- LCD Projector ( If needed, please briefly describe what it will be used for)

\*\* Use of some of this equipment may require church approved AV technician and will require additional fees.

#### OTHER NEEDS: (Someone will contact you for specifics)

- Food items:
- Childcare:
- Requires separate approval!
- Transportation
- Recreation Equip.

Please complete set up information and provide special instructions on back.

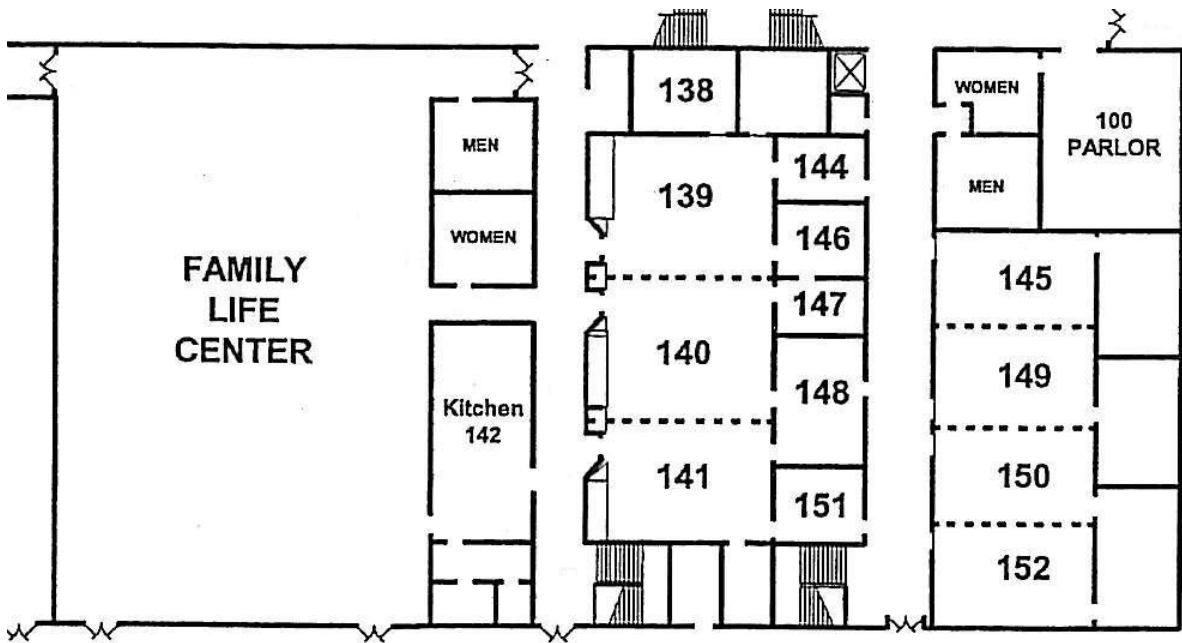
I have read, understand and will comply to all of the above listed policies. I further understand that my group, organization or party may incur a damage assessment fee if there is any damage resulting from my use.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Date Placed on Calendar \_\_\_\_\_ Fees Received \_\_\_\_\_ Check No. \_\_\_\_\_

Church Representative \_\_\_\_\_



Using the box below, please draw a diagram of how you would like the area you are using to be set up for your particular function. Also include any special instructions. Thank you.

Room No. \_\_\_\_\_

Date of Use: \_\_\_\_\_

Number of Tables: \_\_\_\_\_ Number of Chairs: \_\_\_\_\_

Other Needs or Instructions: \_\_\_\_\_

\_\_\_\_\_