

Room and Equipment Reservation Form



Please fill out the Applicable Sections. Section 1 Must Be Filled Out For All Requests.

| | | | | | |
|---------------------------|--|---------------------------|---|----------|---|
| 1 | Required Information | | | | |
| | Today's Date | | Name of Event/Fundraiser | | |
| | Contact Person Name | | Contact Person Position in Organization | | |
| Contact Daytime Phone No. | | Contact Evening Phone No. | | | |
| 2 | Table Needs on Sunday Mornings in the Narthex | | <i>NOTE A TABLE CAN BE RESERVED FOR ONLY THREE WEEKS AT A TIME. A NEW RESERVATION CAN BE MADE AFTER A TWO WEEK BREAK, IF NECESSARY.</i> | | |
| | Date(s) table needed | | | | |
| 3 | Event Information | | | | |
| | Event Description | | Number of People Expected | | |
| | Church Event | Yes No | Event Begin Date | End Date | |
| | Community Event | Yes No | Event Start Time | End Time | |
| | Repetitive Event | Yes No | Rehearsal Date(s) | | |
| 4 | Room Information | | | | |
| | Number of Rooms Needed | | Room Preference (if any) | | |
| | Furniture Needed | | Kitchen Equipment Needed | | |
| | Please use this section to explain any details | | | | |
| 5 | Childcare Information | | (Please see attached policy, if yes.) | | |
| | Childcare Needed | Yes No | Childcare Contact Name | | |
| | Childcare Contact Daytime Phone No. | | Childcare Contact Evening Phone No. | | |
| 6 | Sound/Multi Media Equipment Information | | | | |
| | Microphones | | Stands | Handheld | Remote |
| | Soundboard Operator Needed | | Yes | No | |
| | Media Equipment | | TV | VCR/DVD | Large Screen |
| | Multi Media Operator Needed | | Yes | No | <i>NOTE OUR OPERATORS ARE REQUIRED FOR USAGE OF LG. SCREENS OR ANY SPECIAL LIGHTING/ SOUND NEEDS.</i> |

Please describe in detail sound, lighting, staging, musical, audiovisual and any other services which will require assistance by our Technical Services staff. A Technical Services staff fee may be added.

| | |
|--|-----------------------------------|
| - Do Not Write in this Space - | |
| Staff Review Approved _____ Denied _____ Conditions _____ Date Contact Person Notified _____ | |
| Charges: Room: Per Room _____ Number of Rooms _____ Custodial: Set up _____ Take Down _____ | |
| Technical Services: Equipment _____ Labor _____ | Total cost of Event |
| Other Expenses (Describe) | Deposit \$ _____ \$ |