

Event Request - Facility Reservation

In order to use our limited space most efficiently, all rooms and resources should be scheduled **AT LEAST TWO WEEKS IN ADVANCE**.
 Events must have a beginning date and ending date, not to exceed one year. Please complete this form, gain approval from the pastor over the ministry, and place it in Event-Facility Reservation tray located in the Administration area. After it is approved, you will receive a copy.

Ministry/Group: _____ Today's Date: _____

Event Name: _____ **Estimated Attendance:** _____

Reserved Time			
Arrival/Open Time	Event Start Time	Event End Time	Clean-up/Close Time
AM/PM	AM/PM	AM/PM	AM/PM

How Often: One Time More Than Once -----> Weekly Monthly Other _____

Start Date: _____ Day of Week: _____ End Date: _____

Dates between Start and End Dates: _____

W **Off-Site (Location/Address):** _____

H **On-Site (Rooms Requested):** (Please mark ALL rooms you will need in each building, including Nursery, Kitchen, etc.)

E Main Auditorium Adult Classrooms Main Building Kitchen

R Main Lobby-Foyer Area Children Classrooms Community Center Kitchen

E Community Center Fellowship Area Nursery Classrooms Recreational Area

Set-Up: Please indicate your set-up plans (number of tables/chairs needed, and their arrangements) in the area provided on the **back** of this form. You are be responsible for your own set-up and for restoring the room(s) to their original order.
 If this is an **off-site request and you desire to borrow items from the church, please indicate below.

Special Needs: *Define*

Tables & Chairs _____

Paper Goods _____

TV & DVD Player _____

Sound System _____

Video Projection _____

Van _____

Nursery Care _____

Other _____

Promotion: Topic on The City Facebook Group Bulletin Ad Brochure

Event on The City Facebook Business Web Ad Bulletin Insert

Person Requesting: _____ Hm Phone: _____ - _____

E-Mail: _____ @ _____ Cell Phone: _____ - _____

Internal Use		
1 Ministry Area Pastor Approval: _____ Date: _____	Steps 1-3 must be completed	4 Updated to "Approved" on Calendar. _____ Date: _____
2 Cleared & "Tentative" on Master Calendar. _____ Date: _____	prior to submitting to pastors	5 Copy(s) Sent to Originator/Special Areas _____ Date: _____
3 Approved by Pastorial Team: _____ Date: _____	for Master Calendar approval.	6 File Approved Form: _____ Date: _____

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Set-up Diagram

Please indicate your set-up needs (number of tables/chairs needed, and their arrangements) in the area provided below.

Rooms Requested:

Main Building

- Auditorium (M8)
- Lobby-Foyer (M1)
- Associate Pastors Office (M6)
- Senior Pastor Office (M3)
- North Central Classroom (M13)
- Hallway North Classroom (M26)
- Hallway Middle Classroom (M24)
- Hallway South Classroom (M22)
- Nursery Bed Babies (M27)
- Nursery 1 Year Olds (M25)
- Nursery 2 Year Olds (M23)
- Nursery 3's and 4's (M21)
- Nursery Check-In (M20)
- Main Kitchen (M28)

Community Center

- Kitchen (C3)
- Fellowship Area (C1)
- Youth Area (C2)
- 1st-2nd Grade (C9)
- PreK-Kindergarten (C7)
- Children's Worship Area (C10)
- Children's Store & Check-in (C11)

Outdoors

- Basketball Court (02)
- Base Ball Field (03)
- Volley Ball Court (04)
- Elementary Playground (05)
- Toddler Playground (06)
- Tree House (07)

Room Setup Diagram:

Return of Borrowed Items

Person Returning Items: _____

Date Items Were Returned: _____

Description of Items: _____

Count: _____ Condition: _____
