

BUILDING USE REQUEST FORM

SALEM FIRST PRESBYTERIAN CHURCH

EVENT _____ #of People _____

DATE(s) _____ DAY: Su M Tu W Th F Sa TIME: _____

ACCESS FOR SET-UP: Same day Day before from _____ to _____

MEDIA REQUEST FORM: Yes No

FACILITIES NEEDED (check all that apply):

_____ Sanctuary	_____ Worship Center	_____ Stewart Room
_____ Chapel	_____ Main Kitchen	_____ St Andrews
_____ Fellowship Hall	_____ Fireside Room	_____ Iona
_____ Pioneer Room	_____ Fireside Kitchen	_____ Kid's Rooms
_____ Pioneer Kitchen	_____ Geneva Room	(circle: ☆ ○ △ □)
	_____ Calvin Room	
	_____ Knox Room	
	_____ Zwingli Room	

Other Rooms (list rooms) _____

PERSON(S) RESPONSIBLE FOR EVENT: _____

PHONE: _____

CUSTODIAN HELP: Yes No _____ Before _____ During _____ After

WEEKEND OR EVENING:

Who will monitor the door? _____

Who will open/close the building, including alarm? _____

INFORMATION ON SERVICES NEEDED:

TABLE/CHAIR ARRANGEMENT: # round tables _____ # long tables _____ # chairs _____
Diagram or notes below (Large drawing use reverse side)

CHILD CARE: Yes No

USHERS: Yes No

AUDIO VISUAL: (check all that apply)

_____ Sound System & Microphone
_____ TV or Monitor
_____ Power Point Projector & Screen

Other _____

COFFEE/TEA: (check all that apply)

_____ Coffee
_____ Decaf
_____ Tea

OTHER NEEDS: (circle all that apply)

Piano Podium Easel White Board
Punch Bowl Tablecloths Silver service
Other _____

SIGNATURE OF APPLICANT: _____ DATE _____

FOR CHURCH OFFICE USE ONLY: Date received _____ Facility use fee _____