

Facility Use Request
Submit to church office for approval and space assignment

EAST WOODS PRESBYTERIAN CHURCH 16210 NE 20th Street Vancouver, WA 98684 (360) 944-5841 eastwoodspres.org	Reservation date: _____ Today's date: _____
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Date Pattern		Activity/Group Name:	Contact Name/Address:
Day	Week	Hour Activity begins:	Hour Activity ends:
<input type="checkbox"/> SUN	<input type="checkbox"/> 1ST	Expected Attendance:	Need Set-up by:
<input type="checkbox"/> MON	<input type="checkbox"/> 2ND		
<input type="checkbox"/> TUES	<input type="checkbox"/> 3RD	Event Contact Person:	Phone:
<input type="checkbox"/> WED	<input type="checkbox"/> 4TH		
<input type="checkbox"/> THURS	<input type="checkbox"/> 5TH		
<input type="checkbox"/> FRI	<input type="checkbox"/> EVERY OTHER		
<input type="checkbox"/> SAT	<input type="checkbox"/> ONE TIME ONLY		
	<input type="checkbox"/> ONGOING		

<u>Space Requested</u>	<u>Equipment</u>	<u>Disposable Products</u> (Church functions only)
Capacity		
<input type="checkbox"/> SANCTUARY	<input type="checkbox"/> CHAIRS _____	<input type="checkbox"/> DESSERT PLATES _____
<input type="checkbox"/> NARTHEX	<input type="checkbox"/> TABLES (round) _____	<input type="checkbox"/> BOWLS _____
<input type="checkbox"/> KITCHEN	<input type="checkbox"/> TABLES (long) _____	<input type="checkbox"/> DINNER PLATES _____
<input type="checkbox"/> YOUTH ROOM	<input type="checkbox"/> PODIUM _____	<input type="checkbox"/> CUPS _____
<input type="checkbox"/> NURSERY	<input type="checkbox"/> SCREEN _____	<input type="checkbox"/> 8 OZ CUPS _____
<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> TV/VCR _____	<input type="checkbox"/> NAPKINS _____
<input type="checkbox"/> 1ST—2ND	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> KNIVES _____
<input type="checkbox"/> 3RD—5TH	_____	<input type="checkbox"/> SPOONS _____
	_____	<input type="checkbox"/> FORKS _____
	_____	<input type="checkbox"/> TABLECLOTHS _____
	_____	<input type="checkbox"/> COFFEE/TEA SERVER _____
		<input type="checkbox"/> OTHER _____
