

Name of Person/Group Requesting Room: _____

Contact Phone Number: _____

Contact Email: _____

Date(s) Room Needed-Please enter FULL Date: _____

What times will you need the room for? Please put start and end times: _____

Which room are you requesting to use? Please circle
Couch Room (by Worship Center) Cafe'
Community Room Training Room
Worship Center

***Worship Center Use: There is a \$15/hour set-up fee for this room. (Minimum of 2 hours)**

Please explain what you will be using the room for. Example: Meeting, Training, etc: _____

How many people are you expecting? _____

Will you need tables? Yes No

If Yes, will you need round or rectangular tables? How many of each? _____

Will you need Audio/Visual support for this event? Yes No

Please note that there may be a fee associated with Audio/Visual support depending on what day you event falls on and the extent of support needed.

If Yes, please circle the support(s) needed: DVD Power Point Microphone Sound
Other Explain: _____

Please put any additional information that we may need here: _____

It is your responsibility to notify the church of any changes after submission of this request.

Please note: Any request made less than 24 hours before this event cannot be guaranteed.