

Turn this form into the church office. When it has been approved, it will be mailed to the contact person

Event/Room Use Form

Today's Date _____

Event: _____ Day/Dates: _____

Begin Time: _____ End Time: _____ GROUP USING ROOMS _____

Event Contact Person: _____ Address: _____ City: _____

Zip: _____ Phone: _____ Repeat Event Mon Tue Wed Thur Fri Sat Sun

Will you need a Sound Person? Yes No (you must coordinate sound) Will you need a key? Yes No

Meeting Place/Rooms: (please circle all that you will be using)

- | | | | | | | | | | | | |
|-----------|---------|--------|--------|--------|--------|--------|---------|---------------------|---------------------|-----------------|-----------------|
| Sanctuary | Kitchen | Room 1 | Room 2 | Room 3 | Room 4 | Room 5 | Nursery | House
Large Room | House
Small Room | House
Room A | House
Room B |
|-----------|---------|--------|--------|--------|--------|--------|---------|---------------------|---------------------|-----------------|-----------------|

Setup Up Person: _____ Phone #: _____

Clean Up Person: _____ Phone #: _____

Event Details: _____

Staff People should Bring: _____

Other Information: (eg. What month to publish this event in the newsletter, Sunday Dates for a bulletin insert, Sunday Dates for a bulletin board, any special advertising in the newspaper, Big corner banner needed, etc...)

FOR CHURCH OFFICE USE ONLY (mark box when done)

- Event/Room Use marked on Church Calendar
- Event/Room Use notified to Council
- Deposit Collected if required
- Key issued to Contact Person

APPROVED
DENIED

Signature of staff person