

FILL-IN ONLINE

FACILITIES REQUEST FORM

York Road - Community Life Center - H.O.P.E. Academy

Member Making Request	Ministry/Organization
Name:	Name:
Contact #:	Leader:
Date of Request:	Contact #:
Event Data	Additional Requirements:
Event:	Equipment: Audio <input type="checkbox"/> / Visual <input type="checkbox"/>
Date of Event:	TV on cart <input type="checkbox"/> VCR on cart <input type="checkbox"/>
Start / End Time:	Video projector <input type="checkbox"/> Video camera <input type="checkbox"/>
Number of people expected:	Big screen TV <input type="checkbox"/> Tape recorder <input type="checkbox"/>
Indicate Area(s) Desired	Overhead projector <input type="checkbox"/> Screen <input type="checkbox"/>
Community Life Center:	Tape recording or playing for Hamlin Hall <input type="checkbox"/>
H.O.P.E. Academy:	Piano <input type="checkbox"/> / Organ <input type="checkbox"/>
York Road: Sanctuary <input type="checkbox"/> Hamlin Hall <input type="checkbox"/>	Other setup requirements please specify the illustration of setup in space below:
Chapel <input type="checkbox"/> Library <input type="checkbox"/> Nursery <input type="checkbox"/>	
Parking Lot	
Please check the room # you are requesting:	
Room # <input type="checkbox"/> 107 <input type="checkbox"/> 108 <input type="checkbox"/> 117 <input type="checkbox"/> 118 <input type="checkbox"/>	
119 <input type="checkbox"/> 122 <input type="checkbox"/> 127 <input type="checkbox"/> 128 <input type="checkbox"/> 210	
<input type="checkbox"/> 211 <input type="checkbox"/> 212 <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215	
<input type="checkbox"/> 216 <input type="checkbox"/> 217	
White House: <input type="checkbox"/> upstairs/ <input type="checkbox"/> downstairs	
Kitchen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:	
Time Needed:	
Huber Hosts needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attach menu requested: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provide # of attendees:	
THIS SPACE SHOULD BE USED FOR WEDDINGS ONLY	
# of People in wedding Party:	Attendance Expected at Wedding:
Attendance at Reception:	Kitchen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Bride's Name:	Groom's Name:
Bride's Telephone #:	Groom's Telephone #:
Bride's Address #:	Groom's Address #:
Save this form and email to: facilities@huberchurch.org	
<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Pending	
Signature: _____ Approved By: _____	