

FACILITY REQUEST FORM

Member Making Request	Ministry/Organization
Name:	Name:
Contact #:	Leader:
Date of Request:	Contact #:
Event Data	Additional Requirements
Event:	Equipment: Audio / Visual [circle] Yes <input type="checkbox"/> No <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"/>
Check Area Desired	Overhead projector <input type="checkbox"/> Screen <input type="checkbox"/>
Sanctuary <input type="checkbox"/> Hamlin Hall <input type="checkbox"/>	Tape recording or playing for Hamlin Hall <input type="checkbox"/>
Chapel <input type="checkbox"/> Library <input type="checkbox"/>	Piano / Organ [circle one] <input type="checkbox"/>
Nursery <input type="checkbox"/> Parking Lot <input type="checkbox"/>	Other setup requirements please specify the illustration of setup in space below [Use back of form for additional space]:
Please circle the room # you are requesting: Room # 107 108 117 118 119 122 127 128 210 211 212 213 214 215 216 217 White House: upstairs / 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:	
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:
Please place completed form in the Operations & Facilities mailbox Only!	
Signature: _____	Approved By: _____