

BUILDING USAGE / CALENDAR REQUEST

General Information

Name: _____ Today's Date: _____
 E-Mail Address: _____ Phone: _____

Event / Meeting Information

Event Name: _____ Event Date: _____
 Type of Event: _____ Number of people expected: _____
(Meeting, Class, Fellowship, Party, etc.)

Event Time _____	Location:	<input type="checkbox"/>	Sanctuary
Set-up Time _____		<input type="checkbox"/>	Fellowship Hall
Tear Down Time _____		<input type="checkbox"/>	Children's Church
Total Room Usage _____		<input type="checkbox"/>	Classroom
		<input type="checkbox"/>	Conference Room

Room Set-Up (for Fellowship Hall or Children's Church Facilities)

Tables	Lecture Style
# of Rounds _____	
# of Rectangle _____	
# of Chairs per table _____	

Audio Visual

Microphones	Yes	No
Projector	Yes	No
Videotape	Yes	No
Audio Recording	Yes	No
Will you be playing?	CD	DVD VHS

Catering

Beverages	<input type="checkbox"/>	Coffee
Supplies:	<input type="checkbox"/>	Tea
_____ # of Mugs	<input type="checkbox"/>	Juice
_____ # Cups	<input type="checkbox"/>	Water
_____ # Plates	<input type="checkbox"/>	Soda
_____ # Utensils	<input type="checkbox"/>	Other
_____ # Glasses		

Catering Notes

Supplies & Equipment

Podium
 Whiteboard

OFFICE USE ONLY

Communicated to :

____ Church Calendar ____ Overheads ____ Announcements ____ Church Sign ____ North Sac News
 ____ AV Department ____ Kitchen Dept.

Open Building: _____ **cell** _____ **Close Building:** _____ **cell** _____