

Facility Use/Audio and Visual Request

Date Prepared _____

Event Name _____

Ministry Area _____

Requestor's Name _____

Event Coordinator Name _____

Coordinator Phone _____

Coordinator E-mail (for confirmation) _____

Who will open and secure building? _____ Phone _____

One time event Off Site Event if so, location _____

Recurring event Beginning Date (m/d/yr) _____ Ending Date (m/d/yr) _____

Day of Week Sun Mon Tues Wed Thurs Fri Sat

Occurrence Every Every other 1st 2nd 3rd 4th 5th

Event Start (m/d/yr) _____ Time _____ Set-up Begins (m/d/yr) _____ Time _____

Event End (m/d/yr) _____ Time _____ Clean-up Ends (m/d/yr) _____ Time _____

Rooms Request No preference

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Chapel | | Classrooms | |
| <input type="checkbox"/> Eastrooms | <input type="checkbox"/> Kitchen | <input type="checkbox"/> C101 - Lamb | <input type="checkbox"/> W120 |
| <input type="checkbox"/> East A | <input type="checkbox"/> Counter | <input type="checkbox"/> C102 - Ark | <input type="checkbox"/> W121 |
| <input type="checkbox"/> East B | <input type="checkbox"/> Coffee Makers | <input type="checkbox"/> C103 - Jericho | <input type="checkbox"/> W122 |
| <input type="checkbox"/> East C | <input type="checkbox"/> Stoves | <input type="checkbox"/> C104 - Child | <input type="checkbox"/> W123 |
| <input type="checkbox"/> Foyer- Kitchen | <input type="checkbox"/> Lobby | <input type="checkbox"/> C105 - Child | <input type="checkbox"/> W124 |
| <input type="checkbox"/> Foyer - Office | <input type="checkbox"/> Nursery | <input type="checkbox"/> C106 | <input type="checkbox"/> W125 |
| <input type="checkbox"/> GO Center | <input type="checkbox"/> Westrooms | <input type="checkbox"/> C107 | <input type="checkbox"/> W126 |
| <input type="checkbox"/> Gym | <input type="checkbox"/> West A | <input type="checkbox"/> C108 | <input type="checkbox"/> W127 |
| <input type="checkbox"/> Gym - Platform | <input type="checkbox"/> West B | <input type="checkbox"/> C109 | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Gym - Stage | <input type="checkbox"/> Welcome Center | <input type="checkbox"/> C110 | Room W128 |
| <input type="checkbox"/> B-Ball hoops | <input type="checkbox"/> Wiggle Room | <input type="checkbox"/> C111* | <input type="checkbox"/> W220 |
| (indicate full/half court
in notes area) | <input type="checkbox"/> Worship Center | <input type="checkbox"/> C112 | (upstairs) |
| <input type="checkbox"/> V-Ball nets | <input type="checkbox"/> Baptismal | | |
- *(double wide - theater style)

Notes:

Other Requests

- Church Grounds**
- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Chapel Field, South | <input type="checkbox"/> Grill | ** See facility coordinator for safety guidelines |
| <input type="checkbox"/> South Field | <input type="checkbox"/> Fire Pit** | |
| <input type="checkbox"/> North Field | <input type="checkbox"/> Truck | |

Office Use
Reservation #: _____
Entered: Initial / Date: _____
Modified: Initial / Date: _____
Form was routed to: _____

Audio/Video and more set up on back



Setup Information

Number of folding chairs needed _____

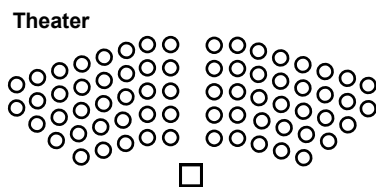
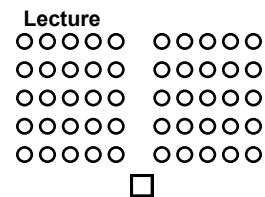
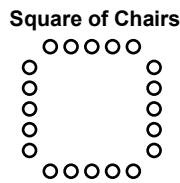
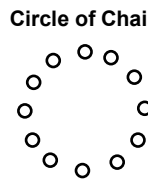
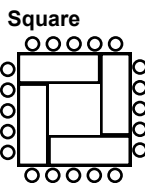
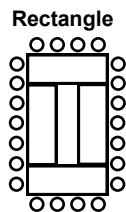
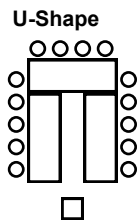
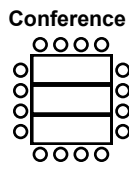
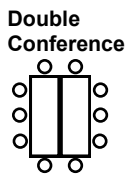
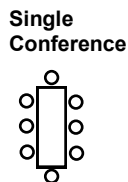
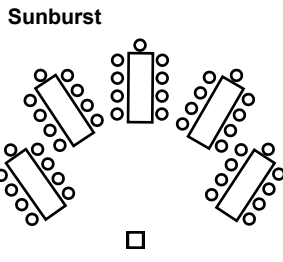
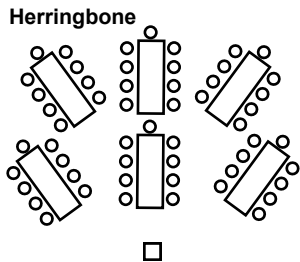
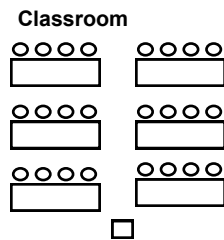
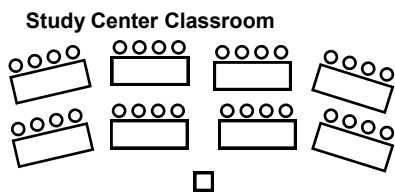
Number of 8 foot tables needed _____ (rectangular)

Number of round tables needed _____ (48 inch rounds)

Number of green chairs needed _____

Normally for **50 or less** Building & Grounds will set up. For **50 or more** B&G will set up with assistants from the Ministry.

Notes: _____



Audio Visual Equipment

Number of singers you will have _____

Do you need our drum set? Yes No

Do you need our piano? Yes No

Number of acoustic guitars you will bring _____

Number of electric/bass guitars you will bring _____

Number of keyboards you will have _____

Number of music stands you will need _____

Number of speakers you will have _____

Do you need a podium or stand? Yes No

Are you providing the background music? Yes No

Do you want a audio recording? Yes No

Do you want a video recording? Yes No

Are you showing a video? Yes No

Are you showing a power point? Yes No

Do you have any projection needs? Yes No

Do you require any special lighting? Yes No

NOTES:
