



Building Request Form

This form must be completed 14 days prior to the scheduled event so it may be reviewed for conflicts and approved during the weekly (Tuesday) staff meeting.

Today's Date: _____ New Request _____ Change to original request (date) _____

Date of Event: _____ Time of event: _____ to _____

NAME of Event: _____

Sponsoring Ministry: _____ Type of Activity: _____

Contact Person: _____ Tel # _____ Email: _____

Expected # Attending: _____ Time Setup to Begin: _____ Time Cleanup to be Completed: _____

Areas Required: Please check all that apply		If using the Worship Center or The Crossing check all that apply:
<input type="checkbox"/> Worship Center	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Sound technician needed
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Fireplace Room	<input type="checkbox"/> Lighting technician needed
<input type="checkbox"/> The Crossing	<input type="checkbox"/> Adult Wing Rooms	<input type="checkbox"/> Projection technician needed
<input type="checkbox"/> Narthex (foyer)	<input type="checkbox"/> Children's Wing Rooms	
<input type="checkbox"/> Dressing Rooms	Other _____	

Person responsible to open and/or close the building other than during church office hours:
Name: _____ Tel # _____

Equipment and/or Vehicles Needed: _____

All equipment and/or vehicles are to be returned with a full tank of gas and in clean and proper working condition.

Special instructions, room arrangements or other comments: _____

Set-up and clean-up for events are only available if schedule and personnel permits. NOTE: that the facilities will not be used after 5:00 pm on Saturdays due to time needed for Sunday preparations.

If using the FH or Kit check all that apply and how many:
 Tables How many round _____ rectangle _____
 Tablecloths How many round _____ rectangle _____

After event please return all tables to storage room on racks or neatly against the wall.
Place all used tablecloths on counter in FH for laundering by church staff member.

Signature of Contact Person: _____
Staff Approved _____ Added to calendar by _____