

Person Making Request \_\_\_\_\_

Today's Date \_\_\_\_\_

Phone # of Person Making Request \_\_\_\_\_ Name of Ministry \_\_\_\_\_ Department Head Initials \_\_\_\_\_

Date Needed \_\_\_\_\_ Time of Day Beginning \_\_\_\_\_ Time of Day Ending \_\_\_\_\_

- Sanctuary
- Gym
- Fellowship Hall
- Conference Room
- Relevant Room
- Choir Room

- Masters Room \_\_\_\_\_
- List Rooms Needed
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**\*SET UP NEEDED:**

- Sound System
- # of Mic's needed \_\_\_\_\_
- Tables for \_\_\_\_\_
- Chairs for \_\_\_\_\_

Tableware for \_\_\_\_\_

- ◇ Dinner Plates
- ◇ Dessert Plates
- ◇ Knives
- ◇ Forks
- ◇ Spoons
- ◇ Napkins
- ◇ Cups (Specify)
- hot \_\_\_ cold \_\_\_
- 8 \_\_\_ or 12 ozs. \_\_\_

EVENT OR PURPOSE FOR USE \_\_\_\_\_

\*Set up Needs must be completed a minimum of ONE week prior to event. Call Housekeeping Director.

Approved \_\_\_\_\_ Comments \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_

(Revised 8-3-05)

B  
U  
I  
L  
D  
I  
N  
G