



Room Use Request Form

Date Requested _____
Time Needed: from _____ to _____

Name _____
Today's Date _____ Phone # _____
Organization you are with: _____
Type of event: _____

Room(s) Requested:

Worship Center Circulation Rm. Kitchen Promiseland Rm.

Set up Plan

#Tables/#chairs: _____

Please draw set-up plan (if needed):

Audiovisual needs: _____

Special Instructions: _____

Clean up contact: _____ **Phone #** _____

(This person is responsible to ensure that the building is cleaned and orderly before leaving)

(office use only)

___ Approved ___ Disapproved _____ Management team member Date Reason: _____

___ to be added to the building use calendar _____ done/date _____ initials

___ to be added to the main web calendar _____ done/date _____ initials

Form updated 2/9/11