



EVENT/FACILITY RESERVATION REQUEST

Please allow at least 10 business days for request to be processed.

Date: _____

Circle One: **New Reservation** **Cancellation** **Change**

GENERAL INFORMATION

Name of Event _____

Ministry/ Department _____

Contact Person _____ Phone No. _____

Email Address _____

Off site Location _____ Start _____ End _____

Room # _____ Date of Event _____ Time : _____

Type of Event _____ Early Set-Up Time: _____

of Attendees _____ Break-Down: _____

**Please COMPLETE & ATTACH all the ADDITIONAL Requests needed
for your event/activity/meeting :**

- | | |
|---|--|
| <input type="checkbox"/> Room Set-Up | <input type="checkbox"/> Announcement Request |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Vehicle Use Request |
| <input type="checkbox"/> Media Service | <input type="checkbox"/> Ministry Help Request |
| <input type="checkbox"/> Use of Equipment | <input type="checkbox"/> _____ |

Additional Comments/Information _____

Requester/Ministry Leader _____ Date _____ Department/Ministry Director _____ Date _____

Executive/Division Leader _____ Date _____ Church Administrator _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Date Confirmed: _____ Confirmed by: _____

Date Entered: _____ Follow-up Actions Taken: _____