



EVENT/FACILITY RESERVATION REQUEST

Please allow at least 30 business days for request to be processed

Date: _____

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

Additional Comments/Information _____

Requester/Ministry Leader _____ Date _____	Department/Ministry Director _____ Date _____
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Executive/Division Leader _____ Date _____	Church Administrator _____ Date _____
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FOR OFFICE USE ONLY

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

Date Entered: _____ Follow-up Actions Taken: _____