

FACILITIES REQUEST FORM

ALL FACILITY REQUESTS MUST BE RECEIVED AT LEAST ONE WEEK IN ADVANCE OF THE SCHEDULED ACTIVITY.

TODAY'S DATE: _____

CONTACT PERSON: _____ **PHONE #:** _____

DATE FACILITY NEEDED: _____ **TIME:** _____

PURPOSE OF ACTIVITY: _____

SPONSORING ORGANIZATION: _____

AREA/ROOM NEEDED: _____

NUMBER OF CHAIRS NEEDED: _____

NUMBER OF TABLES: _____

OTHER FURNISHINGS OR EQUIPMENTED NEEDED:

ROOM ARRANGEMENT INSTRUCTIONS:

DRAW DIAGRAM BELOW IF NECESSARY:

MISCELLANEOUS INSTRUCTIONS:

DATE RECEIVED AT CHURCH OFFICE: _____

DATE RECEIVED BY CAMPUS OPERATIONS MANAGER: _____