Facility Usage Request Form

Event Details

Name of Event:_____ Date of Event:_____
Is this a recurring event? ☑ Yes ☑ No
If recurring, list other dates:_____

Contact Information

Requestor/Contact Person:_____
Contact Phone: _____Cell Phone:_____
Email Address: _____

Event Timing

Set-up Time: _____Event Start Time: _____Event End Time: _____

Facility Request

Room(s) Requested: _____Estimated Number of Participants/Attendees: _____

Set-Up Requirements

Number of Round Tables: _____Number of Rectangle Tables: _____Number of Chairs: _____

Audio/Visual Equipment

Microphones: (How many)
- Wired: _____ - Wireless: _____

Television Needed? ☐ Yes ☑ No *HDMI Cable attached*
Zoom Accessibility ☑ Yes ☐ No (online meetings from the church)
Sound System (portable with speakers) ☐ Yes ☐ No (built-in Sound System) ☐ Yes ☐ No
Audio/Visual Needs:
☐ Bringing Laptop (HDMI port required)
☐ Videos for Screen in Sanctuary (Flash Drive Required)

☐ **FELLOWSHIP HALL**

~ Must use your own Laptop

~ If using Laptop, is video out connection ☑ HDMI or ☑ USB-C

☐ **SANCTUARY**

~ Video must be provided in MP4 or MOV format on a USB/Flash Drive

~ No DVD's will be accepted

☐ **CLASSROOMS**

Kitchen Access

☐ Yes ☐ No If Yes, will you be using Chef Tim or outside food Prep
☐ Chef Tim
☐ Outside food Prep Group (will need to get in touch with Chef Tim for Kitchen Access)

Office information input: Date Requested _____ Date Entered _____