

ROOM REQUEST FORM

For Office Use

Reservation Number _____

Event Dates: _____

Calendar Entry Date _____

Copies to: _____

Room(s) Requested _____

Event Name _____

Is this event a fund raiser? No Yes

If yes, has it been approved by the Finance Committee? No Yes

If yes, please attach copy of approval to this form.

Day of Event Sun Mon Tues Wed Thurs Fri Sat

One-time Weekly Monthly Other _____

Beginning Date _____/_____/_____

Ending Date _____/_____/_____

Event Start Time _____ am / pm

Event End Time _____ am / pm

Set up Time _____ am / pm

Clean up Time _____ am / pm

Childcare Requested No Yes If yes, how many children are expected? _____

Please note that completing this request form does not guarantee childcare for an event. Individuals must call the childcare line (972-539-8547 ext. 299) to make a reservation at least 24 hours before the event.

****Will you be doing any kind of arts and crafts?** No Yes

If you intend to work on arts/crafts, i.e. anything that involves glue, markers, paint, glitter, etc., table covers must be used. You must provide your own table covers and remove or dispose of them when you leave.

****Will you need any of the following equipment?**

Chairs _____ Tables _____ Podium TV/VCR/DVD
 Dry erase board Pad on easel Markers
 Screen Overhead projector Other (specify) _____

****If you have media or sound needs, please complete and attach the pink Media Form.**

****If you need a specific room arrangement, please attach a drawing to this form.**

Date request submitted: _____

Requested submitted by: _____

Email _____

Telephone _____

Cell Phone _____

Staff Approval No Yes

Staff Signature _____

If any part of this request changes, please notify the church office as soon as possible.