

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

First Presbyterian Church  
**FACILITIES REQUEST FORM**

**Request should be made at least one week prior to event.**

New Request       Standing Request       Change of request

Requestor: \_\_\_\_\_ Member:  Yes  No  
If not a member, who is your member sponsor? \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Time of Event: \_\_\_\_\_ to \_\_\_\_\_ Set-up time: \_\_\_\_\_ Clean up time: \_\_\_\_\_

Anticipated Number of People Attending: \_\_\_\_\_

Room: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Kitchen use requested:  Yes  No

Nursery workers needed:  Yes  No

Resources requested:  Podium     Projector     TV/VCR/DVD     Bus

Check box if needed and place quantity in blank provided:

Tables:  60" round x \_\_\_\_\_  8' rectangle x \_\_\_\_\_  Chairs x \_\_\_\_\_

Publish notice of event in:  First Word     bulletin

Do not publish event

I have read and agree to \*Facility Use Policy \_\_\_\_\_

*\*This document can be obtained from the church office.*

Signature \_\_\_\_\_

**All users are required to protect church facilities and property from damage and loss during use. Facilities utilized must be returned to their original condition by the user.**

Fees for use of the facility are listed in the *Facility Use Policy . Cost for use of your chosen room: \$ _____ (PAYMENT IS DUE TO THE BOOKKEEPER 3 DAYS PRIOR TO THE EVENT)
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***Please put this completed form in the Receptionist's mailbox.***  
*Turn over sheet for map on back.*

Special Instructions:

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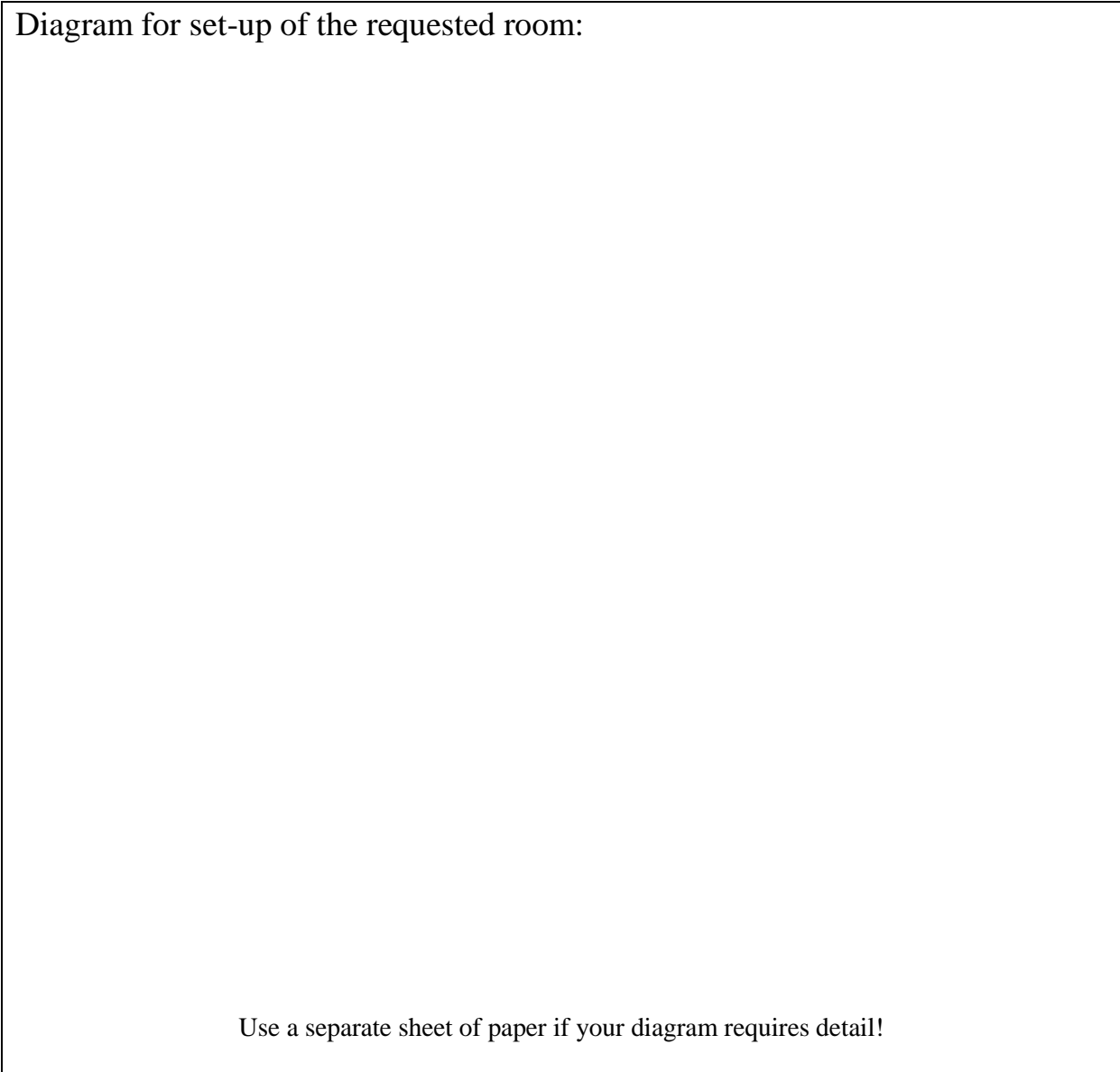
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Diagram for set-up of the requested room:



Use a separate sheet of paper if your diagram requires detail!

Please draw in a door or window as a reference point in your chosen room.