



REQUEST FOR USE OF CHURCH FACILITIES

Name of Group Requesting Facility _____

Contact Person _____

Contact Phone Number _____

Contact Email _____

Type of Event (*meeting, ceremony, celebration, annual event, etc.*) _____

Date of Event _____

Is this event reoccurring?

- No
- Yes, (Please specify the frequency: weekly, monthly, annually, etc) _____

Number of People Expected to Attend _____ Event Start Time _____ Event End Time _____

ROOM REQUESTED

- Annex
- Chapel/Media Room
- Fellowship Hall
- Kitchen
- Session Room
- Kirk House
- Loft/Offices Plus
- Preschool Study Room
- Sanctuary
- Rainy-Day Play Room
- Other _____

NURSERY CARE

Will nursery care be needed for event?

- No
- Yes, Approx. age of children _____ Approx. number of children _____

SET UP

Will you be arriving early to set up?

- No
- Yes, (Please specify time.) _____

Will you require time for clean up?

- No
- Yes, (Please specify clean up end time.) _____

Will event require tables, chairs, or white linen table cloths?

- Long rectangular tables (8 foot long)
- Round Tables (60 inch across)
- Chairs
- White linen table cloths

***Will event require St. Johns to set up prior to event?**

- No
- Yes, (Please use the back of this sheet to diagram specific table and or chair layout.)

TECH AUDIO/VIDEO REQUIREMENTS

Will event include pre-recorded media?

- No
- Yes, (Please specify type: MP4, PowerPoint, DVD, etc.) _____

Will event require microphones?

- No
- Yes (Please specify type and amount, below.)
 - Vocal _____
 - Wireless _____
 - Podium _____
 - Wide coverage (choir type) _____

Will event require stage lighting?

- No
- Yes

Will the presentation need to be recorded?

- No
- Yes, (Please specify type of recording desired) _____

Will a rehearsal be required?

- No
- Yes, Rehearsal Date _____ Rehearsal Time _____

(Technician fees will be \$100.00, includes set-up and actual event for a 2-hour event)

***ROOM SET-UP (Please be specific – diagram if necessary)**