

If questions, contact this Scheduling Team member: _____ Phone #: _____

First Presbyterian Church

Facility Use Request

Revised March 2015

Today's Date: _____

Event Date: _____

(Must be at least 1 month before event)

Event Time: Event Start _____

Setup Start _____

Event End: _____

Clean-up End _____

Organization and Event _____

Estimated Number of people expected _____

Requested By: _____ Phone # _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Rooms(s) Requested: (Check all rooms requested)

- | | | |
|---|--|---|
| <input type="checkbox"/> CLC Great Room only | <input type="checkbox"/> West Wing Fellowship Hall | <input type="checkbox"/> East Dbl Classroom # 106 |
| <input type="checkbox"/> CLC Kitchen for serving/coffee | <input type="checkbox"/> West Wing Fireside Room | <input type="checkbox"/> Sanctuary |
| <input type="checkbox"/> CLC Kitchen for meal prep** | <input type="checkbox"/> Commons (with use of coffeemaker) | <input type="checkbox"/> Chapel |
| <input type="checkbox"/> CLC DBL Classroom # 108/109 | <input type="checkbox"/> Commons kitchen | <input type="checkbox"/> Shalom Center |
| <input type="checkbox"/> CLC South Classroom # 110 | <input type="checkbox"/> Commons Conference room | <input type="checkbox"/> Music Room |

Set Up Format: (Use back of page for additional room and/or instructions)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Auditorium – chairs only | <input type="checkbox"/> Meal – Tables & Chairs | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Social-with serving tables(s) | <input type="checkbox"/> Other set up: (Specify) | |

Specify: _____

Equipment Request

***Please carefully consider all your needs when completing this form as last minute changes are difficult to accommodate.**

**** The use of A/V or kitchen equipment will require oversight by church personnel. Additional fees may be applied.**

Custodial fee may be applied for the set-up of large events.

- | | |
|--|--|
| <input type="checkbox"/> CLC Sound System (includes high screen, sound board, wireless mics)** | <input type="checkbox"/> Chairs: # _____ ** |
| <input type="checkbox"/> Microphones: # _____ | <input type="checkbox"/> Round Tables: # _____ ** |
| <input type="checkbox"/> Projector (Must bring your own laptop) | <input type="checkbox"/> 8 Ft. tables: # _____ ** |
| <input type="checkbox"/> Stage | <input type="checkbox"/> CD Player |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Portable DVD/VCR Player/TV |
| <input type="checkbox"/> Portable Projector screen | <input type="checkbox"/> Refrigerator space – CLC or Commons |
| <input type="checkbox"/> **Kitchen Equipment (Specify) _____ | <input type="checkbox"/> Other: (Specify) |

(For Office Use Only)

Received by: _____

Approved Not approved

Date Action Taken: _____

Facility Use Fee: _____

Custodian Fee: _____ Tech Fee: _____

Requester Notified by: _____

Date Notified: _____

Notifier's phone: _____