

REQUEST FORM

(Revised 01-09)

Downtown

East

Offsite

Vehicle

Event / Meeting _____

Beginning Date _____, _____ Ending Date _____, _____
(Day of Week) (Date) (Day of Week) (Date)

Start Time _____ End Time _____ Estimated No. Attending _____

Set-up Date _____, _____ Time _____
(Day of Week) (Date)

Facility Area / Rooms Required _____

Is this an ongoing program; if so how often will you meet? _____

Group / Ministry Making Request _____

Contact Person _____ Contact Numbers _____

Alternate Contact _____ Contact Numbers _____

For Church Sponsored Functions Only:

Child Care / Nursery ___ Estimate No. children expected: age 0 to 2 ___ age 2 to 4 ___ age 5 to 10 ___

Bulletin / Newsletter Announcement: *(Please email announcement confirmation to Catherine@stpaulos.org 2 weeks prior to announcement date For the newsletter it must be confirmed by the 15th of the month prior to the event)*

Announcement Date(s) _____

Audio / Visual Needs

___ TV/VCR ___ TV/DVD
___ Overhead Projector
___ Projection Screen
___ Extension Cords
 Size ___ ft.

Microphones
___ Regular / ___ Cordless / ___ Lapel
___ Microphone Stands
___ Music Stands
___ Podium

Additional Sound / Lighting (Specify needs)

Tables/Chairs

___ Round Tables
___ Long Tables
___ Chairs

Draw room layout on reverse side of form

Beverage Needs

Coffee ___ Regular / ___ Decaf.
Tea ___ Sweet / ___ Un-sweet
___ Punch/Kool-aid
___ Water

Other (Specify needs)

Vehicles

___ 17 Passenger- Handicap Capability
___ 44 Passenger Bus

Drivers: You must procure your own drivers. Drivers must have CDL Passenger Endorsement. The church must have a copy of drivers valid license and insurance card.

Drivers Name _____

Drivers ID _____

Insurance Information _____

OFFICE USE ONLY:

Date Request Received _____

Approved By _____

Date Entered on Calendar _____

Given to Custodian / Nursery / Hostess / A-V Tech

Fee Paid (if applicable): Room / Building \$ _____

Additional Worker Fee No. of Workers _____ No. of Hours _____ Fee \$ _____

Other (Specify) _____ Fee \$ _____

Payment \$ _____ Check No. _____ Date _____ Cash \$ _____