

Evangel Temple Christian Center

Facilities Request Form

***DISCLAIMER:** Set-up cannot be guaranteed if this form is not turned in at least 1-week in advance.

GROUP _____ SIZE OF GROUP _____

DAY & DATE OF ACTIVITY _____ TIME OF ARRIVAL _____ TIME OF DEPARTURE _____

ACTIVITY _____ Time of Event _____

PERSONS RESPONSIBLE FOR CLEANUP _____ Cell Phone: _____

PERSONS RESPONSIBLE FOR CHILDCARE _____ Cell Phone: _____

LOCATION: (Circle each area needed below)

Sanctuary*	Lower Foyer	Mezzanine	Choir Room	Kitchen
Education	201 202 203 204	205 206 207	208 209 210	211
Red Pod	Orange Pod	Yellow Pod	Green Pod	Blue Pod
Infant Nursery	Toddler Nursery	White House	Youth House	The Barn
CIRCLE ITEMS NEEDED:	Sanctuary Sound	Floor Podium	Extension Cords	Other _____
Passenger Van*	Passenger Van*	DVD/VCR/TV	Portable Sound	Other _____

*Please name driver(s): _____
(Must be pre-approved)

PLEASE DRAW DESIRED TABLE / CHAIR ARRANGEMENT IN SPACE BELOW.

*EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR GROUPS' NEEDS AND SPACE DEPENDING ON AVAILABILITY OF EQUIPMENT WHICH IS TO BE DETERMINED BY THE CUSTODIAN ON DUTY.

Number of Chairs _____

Number of Tables _____

6' rectangle

8' rectangle

Submitted by _____ Phone: _____ Date _____

Approved for Master Calendar? Yes No Approved by _____ Date _____