

# 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.

**PRESS FIRMLY**

GROUP \_\_\_\_\_ SIZE OF GROUP \_\_\_\_\_

BEGINNING & END 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	Corner House	Youth House	The Barn							
<b>CIRCLE ITEMS NEEDED:</b>	Sanctuary Sound	Floor Podium	Extension Cords	Video Projector							
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 \_\_\_\_\_

**PRESS FIRMLY**

Number of Tables \_\_\_\_\_

6' rectangle

8' rectangle

List Dates Needed:

Submitted by \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Approved for Master Calendar? Yes No Approved by \_\_\_\_\_ Date \_\_\_\_\_