

# Evangel Temple Christian Center Facilities Request Form

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

DAY & DATE OF ACTIVITY \_\_\_\_\_ TIME OF ARRIVAL \_\_\_\_\_ TIME OF DEPARTURE \_\_\_\_\_

ACTIVITY \_\_\_\_\_

PERSONS RESPONSIBLE FOR CLEANUP \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PERSONS RESPONSIBLE FOR CHILDCARE \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LOCATION: (Circle each area needed below)**

Sanctuary*	Lower Foyer	Mezzanine	Choir Room	Chapel
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
Kitchen			*Windows covered?	Yes No

**CIRCLE ITEMS NEEDED:**

Passenger Van*	Overhead Projector	Floor Podium	Parking Lot Lights	Paper Goods
Passenger Van*	VCR/TV	DVD/TV	Extension Cords	Sanctuary Sound
Other _____	Other _____	Other _____		

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

**PLEASE DRAW DESIRED TABLE / CHAIR ARRANGEMENT IN SPACE BELOW:**

Number of Chairs \_\_\_\_\_  
 Number of Tables \_\_\_\_\_  
 6' rectangle  
 8' rectangle

Submitted by \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_

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