

# FACILITY USE REQUEST

Group Using Facility: \_\_\_\_\_  
Person Responsible: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_  
Start Time: \_\_\_\_\_ Set Up Time: \_\_\_\_\_  
End Time: \_\_\_\_\_ Clean Up Time: \_\_\_\_\_  
Primary Entrance: \_\_\_\_\_ Front \_\_\_\_\_ Back  
Person Unlocking/Locking Bldg: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Check Areas to be Used:

\_\_\_\_\_ Front Entry \_\_\_\_\_ Multipurpose Room \_\_\_\_\_ Conference Room  
\_\_\_\_\_ Nursery \_\_\_\_\_ Coffee Room \_\_\_\_\_ Education Room \_\_\_\_\_ Small Chapel  
\_\_\_\_\_ Underground \_\_\_\_\_ Library \_\_\_\_\_ Music Studio \_\_\_\_\_ Computer Lab

If not using room set up as is; give description of change to room layout:

\_\_\_\_\_  
\_\_\_\_\_

Check Equipment to be Used: \_\_\_\_\_ Audio Visual \_\_\_\_\_ Sound

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Title of Event: \_\_\_\_\_

Give a brief Description of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will food be served? \_\_\_\_\_

Signature of person responsible \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remarks:

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