

FORM: MEETING/PRACTICE ROOM REQUEST

Meeting Name/Type: _____

Date Request Submitted: ___/___/___ Requested By: _____

Proposed Date and Time:

Date(s) From: ___/___/___ To: ___/___/___ Day of the Week: M T W Th F S Su (circle)

Start Time ___:___ __m End Time: ___:___ __m Number People Expected: _____

Set Up Time: ___:___ __m Clean Up End Time: ___:___ __m

Room(s) Requested: _____

Seating Arrangement:

Chairs around 8 ft. tables Chairs around round tables Round Tables only, qty. _____

Chairs only – theater style Conference Style – table w chairs Rect. Tables only, qty. _____

Seating Comments: _____

Equipment Requested:

Portable Sound System Overhead Projector Chalkboard/Chalk

Video Projector White Board/Markers

Equipment Comments: _____

Refreshments Requested:

Coffee/Tea* Water Soda* * 50 cents per serving (10 oz cup, 16-oz can)

Additional Information:

Main Contact Person: _____ Phone: (___) _____

E-mail Address _____ Address: _____

Signature: _____ Date: _____ Ministry Name: _____

Information for Bulletin Announcement (include cost per person, if any): _____

Office Use Only

Date Entered: ___/___/___ By _____ Date Approved: ___/___/___ Approved By: _____

Staff Member with Oversight _____ Bulletin: Yes No Which Sundays? _____

Send Event Profile (Logos Report) To:

- Main Contact Person
- Staff Member with Oversight
- Custodian

G-MEETING/PRACTICE RM REQUEST/hct/11-21-08