

#### FACILITY & EQUIPMENT USE FORM

This form is to be used for requesting set-up for events.

Please request a NFC Facility & Equipment Policy for policies and further information.

**Date Submitted:**

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| **G**  **E**  **N**  **E**  **R**  **A**  **L** | Date of \_\_\_One-Time  Event \_\_\_Recurring Every \_\_\_\_\_\_  Name of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsoring Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated # of Guests: \_\_\_\_\_\_\_  Billing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person in Charge (Phone#)  **Primary Room Requested:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival/Setup Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unlock Time:\_\_\_\_\_\_\_\_\_\_ Start time:\_\_\_\_\_\_\_\_\_\_\_\_ End time:\_\_\_\_\_\_\_\_\_\_\_ Out time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional Room Requested:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival/Setup Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unlock Time:\_\_\_\_\_\_\_\_\_\_ Start time:\_\_\_\_\_\_\_\_\_\_\_\_ End time:\_\_\_\_\_\_\_\_\_\_\_ Out time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional Room Requested:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival/Setup Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unlock Time:\_\_\_\_\_\_\_\_\_\_ Start time:\_\_\_\_\_\_\_\_\_\_\_\_ End time:\_\_\_\_\_\_\_\_\_\_\_ Out time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **S**  **E**  **T**  **U**  **P** | **TABLE/CHAIR SETUP** (please use back of form if needed to draw layout or add special instructions):  #\_\_\_\_\_\_ 60” Round Tables #\_\_\_\_\_chairs per table (up to 8)  #\_\_\_\_\_\_ 8’ Rectangle Tables #\_\_\_\_\_chairs per table (up to 10)  #\_\_\_\_\_\_ Chairs Only  **Arrangement: \_\_\_Circle \_\_\_Half-Circle \_\_\_Theater Style Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SPECIAL EQUIPMENT REQUESTED**:  \_\_\_Podium \_\_\_Video Projector \_\_\_TV/DVD #\_\_\_\_Easel(s)  \_\_\_White Board \_\_\_TV/VCR \_\_\_Screen \_\_\_Guest Book Stand  \_\_\_Wheel chair lift (Ferdinand Hall only) #\_\_\_ Other  \_\_\_1-2 microphones with set volume (no operator on duty) \_\_\_Multiple microphones (operator required)  **TRAINED WORKERS NEEDED:**  **(Please circle) Suggested/Confirmed Sound Operator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Please circle) Suggested/Confirmed Video Tech\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Please circle) Suggested/Confirmed Event Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Please circle) Suggested/Confirmed Kitchen Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **KITCHEN EQUIPMENT TO BE USED**: Dishwasher Silverware Dishes Tablecloths Ovens  Refrigerator Table service (creamer/salt/pepper/sugar bowls) Coffee service Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of person to launder tablecloths\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| OFFICE USE | | Date Rec'd: By: Approved for Facility Calendar:  Amount of Deposit Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Rev 3/6/14*

### ROOM LAYOUT & DRAWING

(Be as detailed as possible)

### SPECIAL INSTRUCTIONS

I would like my event listed in the church bulletin. This is a private event.

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| SIGNATURE | I have read, understand and agree to abide by the NFC Facility Use Policies. I understand that I assume all risks for loss, damage, liability, injury, cost, or expense that may arise during, or be caused in any way by my use or occupancy of |
| Nampa First Church of the Nazarene facilities. I further agree to hold NFC and/or its employees and representatives free and harmless from any loss, claims and liability, or damages and/or injuries to persons or property that in any way may occur as a result of my use or occupancy. As the undersigned, I hereby certify that I will be personally responsible for any damages. My signature certifies that all information on this application is true. I understand and agree that any misstatement or omission of material fact herein may cause forfeiture of my deposits.  Printed Name: Signature: Date | |