

THE NEIGHBORHOOD CHURCH FACILITY REQUEST FORM

For approval this form must be filled out by person in charge one month prior to the event.

1. Person In Charge:

Day Time Phone _____

2. Event Description:

Name of event: _____

Of people to attend: _____

Date of event: ____/____/____

Set up time ____:____am/pm

Event starts ____:____am/pm

Event ends ____:____am/pm

Church School Private

3. Rooms Requested:

- Fireside Kitchen Foyer
 Fireside Room 209
 Library 210
 MPR/Gym 211
 MPR Kitchen Nursery * (See Note below)
 Sanctuary Other _____
 Sanctuary Overflow

*** If you marked this box prior arrangements must be made with Linda Joul at (425) 373-4039, PRIOR TO CALENDAR APPROVAL.**

4. Foyer Sign-Up Table Needed:

No ____ Yes ____ Dates Needed:

1) ____ 2) ____ 3) ____ 4) ____

5. Please list amounts needed:

(Church events only, or by permission)

Hot Cups _____

Cold Cups _____

Plates _____

Bowls _____

Silverware _____

Napkins _____

Tablecloths:

Plastic _____ # Cloth _____

Round _____ # Rec _____

Coffee, Tea, Creamer, Sugar (please Circle)

6. Equipment Use:

Furniture:

of Chairs _____

Tables - # Round _____ # Rec _____

Music/Sound:

of Microphones _____

Sound Technician

Piano

Keyboard

Other _____

Audio/Visual:

Multimedia Projector

VCR/TV

Podium

Overhead Projector/Screen

White Board/Markers

Other _____

Special Information & Diagrams

*** FORM WILL NOT BE PROCESSED UNLESS ITEMS 1-6 AND DIAGRAM ARE COMPLETE.***

Date Submitted: ____/____/____ Master Calendar Approval _____ Special Approval As Needed _____