

## **Facilities Request Form**

| Today's                  | Date   |                    |                 |            |            |               |           |                          |  |
|--------------------------|--|--------------------|-----------------|------------|------------|---------------|-----------|--------------------------|--|
| Contact                  | Person   |                    | Phone # _       |            |            | Ema           | ail       |                          |  |
| Activity                 |  |                    |                 |            | Departme   | ent           |           |                          |  |
| Date(s) of Activity # Pe |  |                    |                 |            |            | ple Attending |           |                          |  |
| Event St                 | art Time                                       | Event Endi         | ng Time         |            |            |               |           |                          |  |
| Door Un                  | nlock Time                                     | Door Lock          | Time            |            |            |               |           |                          |  |
| Activity                 | Frequency:   One Time                          | □ Weekly □ r       | Monthly 🛚       | Periodic   |            |               |           |                          |  |
| ROOM                     | I RESERVATION (Fee is re                       | quired for private | e events)       |            |            |               |           |                          |  |
| M                        | nctuary (seats 380)  AG Kids Church (seats 80) | The Loft (\$10     | 0, seats 48 (12 | 2 4-persor | n tables)) | 6             | Gym (\$15 | 50, seats 400 at tables) |  |
|                          | udent Center (\$150, seats 2                   |                    |                 |            |            |               |           |                          |  |
|                          | To Be Completed By S                           |                    | Date Confirmed  | :          |            |               |           |                          |  |
|                          | Date & Location Confirmed B                    | y:                 |                 |            |            | (staff per    | son only) |                          |  |
| ADVER                    | RTISING  |                    |                 |            |            |               |           |                          |  |
|                          | Bulletin                                       | Poste              | r/Flyer         |            |            |               |           |                          |  |
| MEDIA                    | A DEPARTMENT REQUEST                           | S                  |                 |            |            |               |           |                          |  |
| Sound:                   | :  |                    |                 |            |            |               |           |                          |  |
| Lightin                  | g:   |                    |                 |            |            |               |           |                          |  |
| Compu                    | uter:  |                    |                 |            |            |               |           |                          |  |
|                          | /ideo:   |                    |                 |            |            |               |           |                          |  |
|                          | ream:  |                    |                 |            |            |               |           |                          |  |

Custodial Department (please specify set-up in the space provided below or attach an additional sheet of paper)

| Tables:       |                        |                        |                     |                           |  |  |
|---------------|------------------------|------------------------|---------------------|---------------------------|--|--|
| Round         | How Many?              |                        |                     |                           |  |  |
| 6 ft.         | How Many?              |                        |                     |                           |  |  |
| 8 ft          | How Many?              |                        |                     |                           |  |  |
| Chairs        | How Many?              |                        |                     |                           |  |  |
| Kitchen Depai | rtment                 | Order to be filled by: |                     |                           |  |  |
| Plates        | Cups                   | Napkins                |                     | Tablecloths               |  |  |
| Forks         | Spoons                 | Knives                 |                     | Other                     |  |  |
| Nursery       |                        |                        |                     |                           |  |  |
| # of Children | Age Range              | Childcare Provid       | ler's Name          |                           |  |  |
| Transportatio | n Needs:               |                        |                     |                           |  |  |
| \             | Van(s) How many?       | _                      |                     |                           |  |  |
| 9             | Shuttle Bus            |                        |                     |                           |  |  |
|               | Personal Vehicles      | Driver                 | Driver              | Mileage to be paid Y or N |  |  |
| 7             | Frailer (Larger)       |                        |                     |                           |  |  |
| 7             | Frailer (Smaller)      |                        |                     |                           |  |  |
| (             | Charter Name of Compar | у                      | How many vehi       | y vehicles chartered      |  |  |
|               |                        | Cost Per Person        | Need for Housing fo | or driver(s)              |  |  |
|               | Drivers Name           | De                     | eparture Time       | Return Time               |  |  |

## PLEASE RETURN THIS FORM TO THE CHURCH OFFICE!

**Please note that this is a request form.** Morningside Assembly may not be able to fulfill all requests for facilities or vehicles. A staff person will respond to your request as soon as possible if there are conflicts. Thank you for your cooperation.