Facilities Request Form

❑ Standing Request ❑ New Request ❑ Change of Request

Requestor: _____ Member: ❑ Yes ❑ No

Phone: Day _____ Evening _____ Cell _____

Email: _____

Event: _____

Date(s) Requested: _____

Time of Event: _____ to _____ Set-up Time: _____ Clean-up Time: _____

Facility Set-up Time: _____ to _____ Facility Clean-up Time: _____ to _____

Anticipated Number of People Attending: _____

Room: 1st Choice _____ 2nd Choice _____

❑ Kitchen ❑ Outside Catering ❑ Kitchen Request Form Attached

DIAGRAM FOR SET-UP:

Back of form is available for drawing diagram if needed!

*Sound Requested? ❑ Yes ❑ No

PowerPoint Requested? ❑ Yes ❑ No

Lights Requested? ❑ Yes ❑ No

Each usually requires two people.

* Sound usually requires two people.

Special Instructions: _____

_____

_____

_____

Check box if needed and place quantity in blank provided:

Tables: ❑60" Round x ____ ❑8' Tables x ____ ❑6' Tables x ____ ❑6' Seminar Tables x ___ Chairs: ___

White Tablecloths: #_____ X $2.00 each = _____ (to be reserved at time of request)

❑ Portable Sound ❑ Podium ❑ TV/VCR ❑ TV/DVD ❑ Projector ❑ Portable Screen

❑ I have read and agree to Policies for Use of Facilities_____

PRICES VARY ROOM TO ROOM – CONSULT MIKE MOSS FOR ROOM PRICE.

COST OF YOUR EVENT: $_____ (PAYMENT IS DUE IN FULL AT TIME OF REQUEST.)

PAYMENT: ❑ CASH ❑ CHECK RECEIVED BY: _____

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