

REQUEST FOR MULTI-DATE MEETING OR EVENT

Name of Organization/Ministry _____ No. of People Expected _____

Event Contact/Church Member _____

Phone: Home _____ Cell _____ Work _____

Email: _____

Address: _____ City _____ ZIP _____

Event Purpose _____

Room(s) requested _____

If kitchen: Name of Kitchen Coordinator: _____

Meeting Schedule (circle all that apply): the 1st, 2nd, 3rd, 4th, every M T W TH F SA SU

(circle months that group meets) **JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC**

Or list dates _____

From ___:___ am/pm **To** ___:___ am/pm _____:___ am/pm

(Time room is needed)

(Actual meeting time)

Please indicate equipment needs:

Room ok as is:

Number of round tables (seat 6): _____ Number of chairs (max 8) _____

Number of 6' rectangular tables: _____ Number of chairs (max 8) _____

Number of chairs: _____

Location of chairs and tables in room: _____

Need Communication/Publicity for Event (will need to fill out *Event Form*)

Need Audio/Visual (see fee listed below)

Fees Due at Reservation

\$50 Security Deposit: _____

\$50 Per Hour Custodial Fee (after reg. hours): _____

\$50 per hour Audio Visual Tech Fee: _____

TOTAL:

I have read and understand the guidelines for use of church facilities and supplies/equipment and agree to comply with same. I understand this is an event request and that I will receive a follow-up from Mt. Auburn on whether or not space has been reserved at the church.

Signature _____ Date Submitted _____

FOR CHURCH STAFF TO COMPLETE.

Usage Approved: _____ **Date:** _____

Please use building entrance: _____

_____ Date Facility Use Policy form mailed/emailed and notified of approval.

_____ Date Gym Usage and Guidelines Received

_____ Date Consent and Release Received

_____ Date security Deposit Received Check No. _____

_____ Date Security Deposit Returned

_____ Date Fees collected. Check No. _____

_____ Paperwork given to Custodians