

## REQUEST FOR SHORT-TERM MEETING OR EVENT

(One date per form, please.)

Name of Ministry/Organization \_\_\_\_\_ No. of People Expected \_\_\_\_\_

Event Contact/Church Member \_\_\_\_\_ Event Purpose \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Event Purpose: \_\_\_\_\_

**Room(s) requested:** \_\_\_\_\_

If kitchen: Name of Trained Kitchen Coordinator: \_\_\_\_\_

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_

**Event date      Day of Week**

**From** \_\_\_:\_\_\_ am/pm **To** \_\_\_:\_\_\_ am/pm    \_\_\_:\_\_\_ am/pm

(Time room is needed)

(Actual meeting time)

**Please indicate equipment needs** (large groups may be asked to help with set-up/tear-down):

Room ok as is:

Number of round tables \_\_\_\_\_ 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 Form(s) Received

\_\_\_\_\_ Date security Deposit Received                      Check No. \_\_\_\_\_

\_\_\_\_\_ Date Security Deposit Returned

\_\_\_\_\_ Date Fees collected.                      Check No. \_\_\_\_\_

\_\_\_\_\_ Paperwork given to Custodians