

CALENDAR - FACILITIES - SUPPLIES REQUEST

Please fill form out completely. When approved, a copy will be returned to you.

Requested by _____ Phone (Hm) _____ (Wk) _____

Address _____ Today's Date _____

Group Requesting Reservation _____

Name of Event _____

Please Note: These reservations may need to be adjusted dependent upon church facility needs. Room set up, clean up, and return to original set up is the responsibility of each group reserving the rooms. Please return each item checked out. Thank you.

ROOM(S) Needed

(Please circle)

- Parsonage-Adm.Hos.
- Front Lawn Area
- Athletic Field
- Rm 101 (Cafeteria)
- Rm103 (Kitchen)
- Rm 106 (Lower Lobby)
- Room 110
- Room 111
- Room 112
- Room 113
- Room 114
- Room 116
- Room 201
- Room 202
- Room 203
- Rm 301 (Gym)
- Rm 304 (Kitchen)
- Room 401
- Room 402
- Room 403
- Room 404
- Room 405
- Worship Center
- Fellowship Area
- Foyer
- Rm 601 (Multi Purpose)

EVENT Information

Event Date(s)
 Beginning _____
 Ending _____

Event Day(s)
 (Circle all that apply)

- Daily
- M T W Th F Sa Su
- Weekly
- M T W Th F Sa Su
- Monthly
- M T W Th F Sa Su
- Bi-Monthly
- M T W Th F Sa Su
- One-Time
- M T W Th F Sa Su

Event Time
 From _____
 To _____
 Set Up Time _____
 Clean Up Time _____

Type of Activity
 _____ Dinner
 _____ Luncheon
 _____ Meeting
 _____ Program
 _____ Reception
 _____ Rehearsal
 _____ Other _____

EQUIPMENT Needed

- _____ A/C (Fellowship Hall)
- _____ A/C (Gymnasium)
- _____ A/C (Worship Center)
- _____ Whiteboard
- _____ Chafing Dish (4)
- _____ Drink Coolers (4)
- _____ Easel
- _____ Extension Cord
- _____ Heat (Gymnasium)
- _____ Heat (Worship Center)
- _____ Microphones
- _____ # of Chairs
- _____ # of Tables
- _____ Overhead Projector
- _____ Piano
- _____ Podium
- _____ Projection Screen
- _____ Sound System
- _____ Slide Projector
- _____ TV/VCR (Main Level)
- _____ White Paper Table Covers
- _____ Other _____
- _____ Other _____

_____ **Keys****

VEHICLE(S) Needed

Vehicle Driver Application Submitted: Yes / No

- _____ Large Trailer
- _____ Small Trailer
- _____ Van

Departure Time from
 HBCLZ: _____

Return Time to
 HBCLZ: _____

Driver's Name

License #

Destination

***Additional charges for sound person may be incurred.
 It is the responsibility of the person requesting keys to pick them up the last working day prior to the event. Church office hours are Monday through Friday 8:30 AM-4:30 PM.

Special Instructions:

OFFICE USE ONLY	
Received by _____	Date Received _____
Entered in Calendar by _____	Date Entered _____
Date Items Returned _____	Non-Refundable Deposit for Wedding _____
Donation Requested: _____	CC: MS LM _____