

Building Use / Rental Form

Event Information

Group Name

Person In Charge

Contact Phone #

Name of Event

Contact Email

Date(s) of Event

Start Time

End Time

Approximate Attendance

Location

Check ALL locations to be used by this event. Room set-up should not be changed. Pick the room(s) that has the layout you are wanting.

- | | | | | | | |
|---------------|------------------------------------|---|----------------------------------|---------------------|---|-----------------------------------|
| Church | <input type="checkbox"/> Sanctuary | <input type="checkbox"/> 113 | <input type="checkbox"/> Nursery | Youth Centre | <input type="checkbox"/> Prayer Room | <input type="checkbox"/> Fireside |
| | <input type="checkbox"/> 107/108 | <input type="checkbox"/> 114A | <input type="checkbox"/> Kitchen | | <input type="checkbox"/> Classroom A | <input type="checkbox"/> Kitchen |
| | <input type="checkbox"/> 109 | <input type="checkbox"/> 114B | <input type="checkbox"/> Chapel | | <input type="checkbox"/> Classroom B | |
| | <input type="checkbox"/> 110 | <input type="checkbox"/> 114C | <input type="checkbox"/> Foyer | | <input type="checkbox"/> Auditorium/Gym | |
| | <input type="checkbox"/> 111 | <input type="checkbox"/> 201 (Hispanic) | | | <input type="checkbox"/> Coffee Bar | |
| | <input type="checkbox"/> 112 | <input type="checkbox"/> 202 (Choir) | | | <input type="checkbox"/> Commons Area | |

Sound/Technical/Other

- TV
- VCR
- DVD
- Projector
- Sound System
- Portable Sound System
- Microphone(s) Qty. _____
- Table(s) Qty. _____
- Chairs Qty. _____
- Other please describe below

Set Up/Decorating

Set up date

Person in charge of set up

Set up time

Contact #

Contact email

Clean Up

By signing below you agree to leave the room(s) in the condition and layout that you found it. If this is not done you (or your department) will be charged a cleaning/set up fee of \$100.00.

Signature

Date

Office Use Only

Master Calendar

Custodian

Sound Tech

Pastoral Staff