

# Room/Facility Use Reservation Non-Ministry Related Event - Form #2

Facilities Team and Church Office must approve all usage requests.

## **Section 1: Event Information** \*Payment must be made prior to event

Event Name: \_\_\_\_\_

Description: \_\_\_\_\_

Anticipated attendance: \_\_\_\_\_

Responsible person for event (must be Bethany attendee) : \_\_\_\_\_

Responsible person's phone number: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Time room is needed for setup: \_\_\_\_\_ Time Cleanup will be completed: \_\_\_\_\_

One-time event: \_\_\_\_\_ Ongoing: \_\_\_\_\_ (If ongoing, please circle day of the week: M T W T H F S S)

Ongoing event: Starting date \_\_\_/\_\_\_/\_\_\_ Ending date \_\_\_/\_\_\_/\_\_\_ Frequency \_\_\_\_\_

## **Section 2: Event Resources Needed**

Please check all requested rooms (Building maps and usage fees required are available upon request.):

- |   |  |
|---|--|
| <input type="checkbox"/> Atrium           | <input type="checkbox"/> Friendship Room   |
| <input type="checkbox"/> Ball Diamond     | <input type="checkbox"/> Gym   |
| <input type="checkbox"/> Fellowship Hall  | <input type="checkbox"/> Educational Area, Classroom # _____                                       |
| <input type="checkbox"/> Fireside Room    | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Kitchen (by gym) | <input type="checkbox"/> Kitchen (by office) <input type="checkbox"/> Kitchen (by fellowship hall) |

Do you need room setup?  Yes  No

Limited setup is available. Please contact custodian 10 days prior to event to discuss arrangement needs.

If you need tables/chairs available for this event, how many of each? \_\_\_\_\_ Tables \_\_\_\_\_ Chairs

Check any additional items needed:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Digital Projector  | <input type="checkbox"/> Athletic Equipment | <input type="checkbox"/> Coffee Maker |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Podium             | <input type="checkbox"/> Punch Bowl   |
| <input type="checkbox"/> TV & VCR/DVD       | <input type="checkbox"/> Sound System       | <input type="checkbox"/> Other _____  |

**As the responsible person, I understand and agree to abide by the Facilities Use Policies & Procedures.**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered on calendar by: \_\_\_\_\_ Date: \_\_\_\_\_