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 TH 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.):

____ Atrium ____ Friendship Room

____ Ball Diamond ____ Gym

____ Fellowship Hall ____ Educational Area, Classroom # _____

____ Fireside Room ____ Other: _____

____ Kitchen (by gym) ____ Kitchen (by office) ____ Kitchen (by fellowship hall)

Do you need room setup? ____ Yes ___ No

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

Clean-up will be the responsibility of the person reserving the area.

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

Check any additional items needed:

___ Digital Projector ___ Athletic Equipment ___ Coffee Maker

___ Overhead Projector ___ Podium ___ Punch Bowl

___ TV & VCR/DVD ___ Sound System ___ 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: _____