

EVENT & FACILITY REQUEST FORM

- A. Submit completed form to church office
- B. Church office will confirm date(s) and fees
- C. Church office will contact you with confirmation or if you need to meet with building or kitchen coordinator

Event day(s): **M T W Th F S Su** (please circle all that apply)

Event date(s): _____ Year: _____

Setup Time: _____ Event time: _____ Ending time: _____

Group name: _____ Event name: _____

Group size (anticipated attendance): _____

Contact person: _____

Address: _____

Phones: (H) _____ (W) _____ (cell) _____

Email: _____

1. Do you wish to have this event publicized in the Church's publications? (Does not apply to some events.)

Yes (Please contact our Office Manager) No

2. Do you need the bus? Yes (Please fill out Vehicle Request Form) No

3. Do you need the kitchen? Yes (Please fill out Kitchen Request Form) No

PLEASE NOTE: ALL CHILDCARE MUST BE CLEARED THROUGH OUR MAIN OFFICE.
 Childcare providers and groups providing childcare are required to obey Safe Sanctuary standards.
 Contact our office for more information.

FACILITY REQUEST (CHECK ALL DESIRED)

Single Event Fee Schedule (approx 4 hour per use)

<u>Sanctuary Building</u>		<u>Ministry Center</u>	
___ Sanctuary	\$40	___ Great Room	\$200
___ Social Hall	70	___ Large Stage	25
___ Basement	30	___ Kitchen Full (meal served)	100*
___ Balcony	20	___ Kitchen Min. Use	50*
___ Balcony Classroom	15	___ Room 103/105	40
___ Library	20	___ Room 203/205	40
		___ Nursery	25

___ Parkview (groups over 30) \$160

___ Other/External _____

- Must consult with Kitchen Coordinator— maccoopkitchen@gmail.com

OFFICE USE: (please initial and date each entry)

Group status:

- Church (no fee)
- Mission (no fee)
- Partner (reduced fee)
- Regular (slightly reduced fee)
- Single use (full fee)

_____ Received

_____ Preliminary Calendar Entry

_____ Calendar verified by Building Coordinator (give form to Reservations Person)

Special Notes or concerns _____

_____ Contract sent to client (if needed)

_____ Building Access, Sound, Kitchen or other arrangements finalized with client

_____ Fee(s) Required \$ _____

_____ Fee(s) Recieved \$ _____ Cash/Check #: _____ by Treasurer

_____ Event closed out (File in Room Reservation folder)