



## FACILITY REQUEST FORM

### Contact Person

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### Event Information

EVENT NAME \_\_\_\_\_  
 EVENT TYPE \_\_\_\_\_ ESTIMATED NUMBER OF PARTICIPANTS \_\_\_\_\_  
 START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
 START TIME \_\_\_\_\_ END TIME \_\_\_\_\_  
 SETUP TIME \_\_\_\_\_ CLEANUP TIME \_\_\_\_\_  
 GROUP/MINISTRY SPONSOR  Outside Group  Ministry MINISTRY SPONSOR (i.e. scouts, women's, youth) \_\_\_\_\_  
 AMOUNT OF MONEY TO BE COLLECTED \_\_\_\_\_ Please see the Building Use Policy for more information on fees and services.  
 WHAT SORT OF EVENT IS THIS?  One Time  Recurring

#### IF EVENT IS RECURRING

EVENT DAYS (check all that apply)      EVENT FREQUENCY (check all that apply)

<input type="checkbox"/> Monday	<input type="checkbox"/> Friday	<input type="checkbox"/> First	<input type="checkbox"/> Fifth
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Second	<input type="checkbox"/> Every Week
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Third	<input type="checkbox"/> Every Other Week
<input type="checkbox"/> Thursday		<input type="checkbox"/> Fourth	<input type="checkbox"/> Every Month

### Room Information

ROOM REQUEST  Church Office       Conference Room       Fellowship Hall       Fireside Room  
 Narthex       Nursery       Room 8       Room 18  
 Sanctuary       Sonshine Room       Youth Room

DO YOU NEED TO USE THE KITCHEN?  Yes  No      WILL YOU NEED AUDIO/VISUAL EQUIPMENT?  Yes  No      OTHER EQUIPMENT \_\_\_\_\_

#### Please be aware of the following:

You MUST notify the church office in the event of a cancellation. Because there are many groups which meet at Trinity, your group may occasionally be asked to meet in a room other than what was originally assigned. By signing below, you are indicating that you understand the above statements and will abide by the Building Use Policy. Return the completed form to the church office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only			
Date Booked _____	Room Assigned _____	Fee Paid _____	Staff Signature _____