
Today's Date
Event Details

 Activity or Event Taking Place

 Name of Person/Ministry Needing Facility

 Name of Ministry Team Leader

 Name of Person Responsible for Activity

 Phone Number

 Email Address

 Name of Person Submitting Form

 Phone Number

 Email Address

Audio/Visual Services Requested? (circle one) Yes No

If yes, complete a Tech Request Form, and our Associate Music Director will contact you directly to discuss details.

Day(s) and Date(s) Requested

Please include both day and date. If you're requesting a range of dates (e.g., every other Wednesday from September through May), please note exceptions for holidays, breaks, and so on. Attach additional sheet if needed.

Time of Event

_____ AM PM

Start Time

_____ AM PM

End Time

At what time will set-up begin? _____

At what time will tear-down end? _____

Approximate Number of People Expected: _____

Set-Up/Tear-Down Requested (circle one) Yes No

This service is available on a limited basis. We'll discuss this with you when we confirm your reservation. Please note that "tear-down" only applies to tables and chairs. Event leaders are responsible for clean-up. Please leave the completed Check-Off Sheet at the church office.

Furniture Requested

Number of Chairs: _____ Number of Round Tables: _____ Number of Rectangular Tables: _____

Room(s) Preferred

We'll make our best effort to accommodate your preference, but you may be assigned a different room depending on your event size, technology needs, and other events occurring at the same time. We will confirm your room assignment. Numbers in () indicate maximum occupancy.

Auditorium* (700)

Preschool Room (75)**

The Element Side A (25)

Lobby (30)

K-3 Room (100)

The Element Side B (25)

Java Bar

Children's Modular Unit (35)

Office Conference Room* (6)

* Limited availability; pre-authorization required

** Available only if there is no childcare during your event/meeting.

Office staff will contact you to confirm your reservation. Please note that while your event may be added to the calendar, the Trustees Team may require a meeting before final approval is given.

For Office Use Only

Date Received: _____

Requested Approved: Yes No (circle one)

Room Assigned: _____

Determination Made By: _____ (name of person processing request)

Date Determination Made: _____

Date Contacted Responsible Party: _____

Contacted Responsible Party By: Telephone Left Voice Mail Email Mailbox (circle one)

Date Custodian Notified: _____

Date Associate Director of Music Notified: _____

Date Added to Church Calendar: _____

Comments: _____

Please keep this page for your records.

Date Paperwork Submitted

Paperwork Received By (Name)

Facility requests are fulfilled on a first-come, first-served basis.

Please call the church office at 636.561.5680 to request the meeting space. Our staff will put you on the calendar temporarily. To make your reservation permanent, complete and return the attached Facility Usage Request Form within three business days. If we don't receive your form, your event/meeting may be removed from the calendar.

Adult supervision is required for all activities involving minors.

Set-up and tear-down services are not available for weekend activities.

Please note that the room you're using may be set up for an event occurring later that same day. For that reason, we ask that you use either use the room as is or, if you move furniture, that you return it to exactly as you found it. Thanks.

We have the following furniture available for your use:

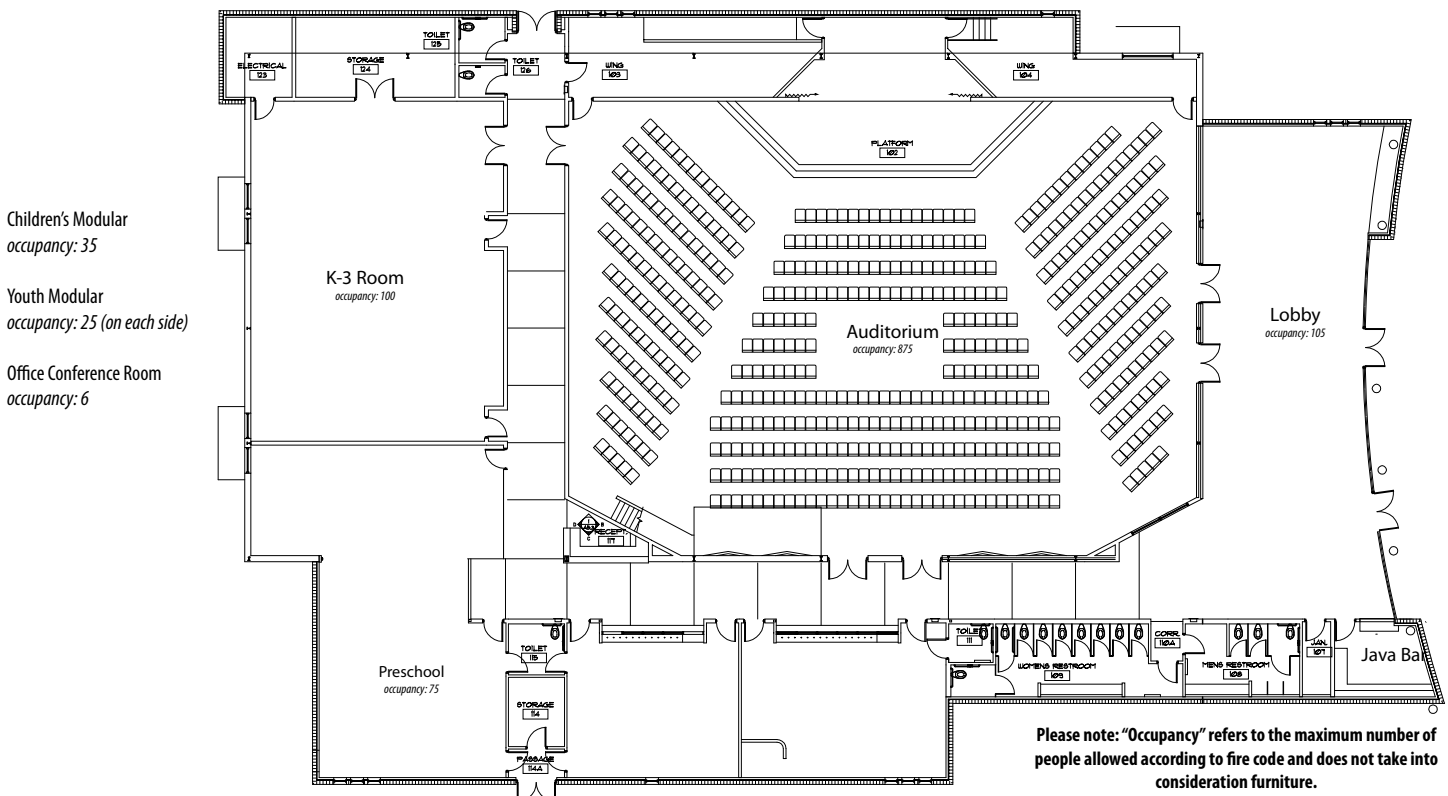
36 Round Tables (seat 8 comfortably or 10 elbow-to-elbow)

11 8-foot Rectangular Tables (seat 5 on each side)

Folding Chairs

Functions must supply their own disposable utensils, plasticware, cups, plates, and so on.

Groups are responsible for taking out their trash and making sure doors are locked before leaving. Please complete the Check-Off Sheet and leave it in the room. (See sample on reverse; you'll receive a Check-Off Sheet when you pick up your key.)



Please leave this completed page in the mailbox near the church office door (attached to the building).

Activity/Event: _____ **Date:** _____

Signature of Person(s) Responsible for:

_____	Obtaining Key from Office
_____	Opening Building
_____	Clean-Up of Room(s) Used
_____	Closing Building
_____	Returning Key to Office
_____	Person responsible for meeting/event
_____	Date Signed