



Ministry Facility Use Request Form

Curtis L. Johnson, Senior Pastor

Today's
Date:

- Request should be submitted at least 6 weeks in advance

Place in the Office Administrator's mailbox

Event:	Type (ie, meeting, service)		Time begin:	Time end:	Key Access:
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Sponsor:	<input type="checkbox"/> Ministry		<input type="checkbox"/> Church Member		
	Name: _____				
	Contact Name: _____				
	Contact #:		Email Address:		
Requested Use Date:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} Month/ Date/ Year				
	Alternate Date 1:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} Month/ Date/ Year			
	Alternate Date 2:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat {Check one: <input type="checkbox"/> One Time Event <input type="checkbox"/> Recurs 1 2 3 4 (circle week)} Month/ Date/ Year			
Facility Use <small>(please check requested rooms and place an x in alternate requested rooms)</small>	# Projected attendance	<input type="checkbox"/> Classroom I <i>Room capacity - 20</i>	<input type="checkbox"/> Classroom II <i>Room capacity - 20</i>	<input type="checkbox"/> Classroom III <i>Room capacity - 30</i>	
	<input type="checkbox"/> Gym/Sanctuary <i>Room capacity - 740</i>	<input type="checkbox"/> Classroom IV <i>Room capacity - 20</i>	<input type="checkbox"/> New Member Class <i>Room capacity - 35</i>	<input type="checkbox"/> Children's Church <i>Room capacity - 100</i>	
	<input type="checkbox"/> Youth Corner <i>Room capacity - 30</i>	<input type="checkbox"/> Nursery I <i>Room capacity - 20</i>	<input type="checkbox"/> Nursery II <i>Room capacity - 15</i>	<input type="checkbox"/> Music Room <i>Room capacity - 10</i>	
	<input type="checkbox"/> Food Served: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, food must be prepared off premises)</i>		<input type="checkbox"/> Sound Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Room Setup:		Room setup needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, please see the Chief of Administration			
Equipment Requested:	<input type="checkbox"/> TV	<input type="checkbox"/> VCR	<input type="checkbox"/> Projector	<input type="checkbox"/> Projector Screen	
	Other (please list): _____				
Authorization (Office use only)					
Date Approved:			Processor Signature		
<input type="checkbox"/> Requested Date <input type="checkbox"/> Alt. Date 1 <input type="checkbox"/> Alt. Date 2					
Support Team Comments:			Approved Equipment Requests:		
			Logistics:		
Access/Lock Up to be provided by:			Time Open/Close		
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM		