

Facility Use Request Form

Please complete form and submit to parish office.

Completion of this form helps assess yours needs as well as those of the staff assisting you. Requests will be recommended for approval based on their compliance with the stated goals and policies of the church and the availability of the church facilities and services. Confirmation will be sent upon approval.

Event Information

This is a non-Church event.

Name of Activity: _____

Date of Activity: _____ **Start/End Time of Activity:** _____

Statement of Purpose: _____

Estimated Number of People Attending: _____ **Room Requested:** _____

This is a recurring event. (Please list all dates below.) **Additional Time needed for setup/teardown:** _____

Dates for recurring, regularly scheduled meetings: _____

Is this event a fundraiser? Yes No

Room Setup (Space will be setup for the number of people listed above)

- | | |
|---|---|
| <input type="checkbox"/> Chairs only, Theater Style | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Round Tables and chairs (6 people per table) | <input type="checkbox"/> Special Setup: Diagram is included or drawn on reverse |
| <input type="checkbox"/> Rectangular Tables and Chairs (8 people per table) | <input type="checkbox"/> Buffet/Serving Line Setup |

Contact Information

Sponsored by: _____ **Staff Liaison:** _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____ **Fax Number:** _____

Additional Facilities/Equipment Needed

- Kitchen
- Parking Spaces (Only for events Monday-Friday, 8:00a.m.-5:00p.m.)

How many? _____

- Childcare Facilities [Two adult caregivers must be present]
 - Under 3 years old only
 - All ages under 10

Number of Children expected: _____

- A/V Equipment (SJEC equipment request options are below; speak with church staff re: using your personal equipment)
 - TV/VCR or DVD
 - Laptop (PC)
 - Projector, Screen
 - Sound System

Other Requests _____

Submitted by: _____ **Date:** _____

For Office Use Only

Approvals (As necessary):

Rector/Wardens: _____ Date: _____

Comments: _____

Youth Formation Point Person: _____ Date: _____

Comments: _____

Ministry Coordinator: _____ Date: _____

Comments: _____

Processing:

Entered into computer Date: _____

Confirmation sent Date: _____

Comments: _____

Distribution:

- | | |
|--|--|
| <input type="checkbox"/> Sexton – Activity Setup; Audio/Visual; Parking | <input type="checkbox"/> Bookkeeper – Payment of Fees |
| <input type="checkbox"/> Director of Children’s & Youth Ministry – Childcare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parish Secretary – Church Calendar | |
| <input type="checkbox"/> Ministry Coordinator – Communications | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please draw the diagram for Special Room Setup below.
Include the placement of tables, chairs, and reference points in the room. (fireplace, chancel area, tv, etc.)