



Request for Facilities, Equipment & Supplies

Date Submitted: _____

Activity or Request _____
_____ Adult Activity _____ Youth Activity _____ Children Activity _____ PS Activity _____ Other

Person making request _____ **Phone:** _____

Email address: _____

Date of Activity _____ Event Time: _____ to _____ Attendance at activity _____

Time frame you will need access to rooms requested (Beginning and ending): _____ - _____

Room Location/Number _____

If Off Campus: Address _____ Phone _____

Facilities & Equipment Needed _____
(Rooms, chairs, tables, visual aides, media equip. etc.)

Church Bus or Van _____
Please complete the appropriate Vehicle Use Form with the Student/Children's Secretary

Food Needs: _____

Kitchen Supplies (Paper products/covers, etc.) _____

Repair Requests: _____

Child Care (List the number of children by ages):

_____ 1 year & below _____ 2 & 3 years _____ 4 & 5 years _____ Grades 1-3

DIAGRAM SPECIAL ROOM ARRANGEMENTS BELOW

Approved by _____ Date approved _____ Charge to _____

To be returned by _____

Request is subject to church calendar availability
RETURN ALL COPIES TO CHURCH OFFICE