FACILITIES/EQUIPMENT REQUISITION FORM

Today's Date _____

This form is due at least one week (7 days) prior to the event.

Event Date: _____ **Set-up Time:** _____ **Start Time:** _____ **End Time:** _____

Event Name: _____

Name of organization/class/department: _____

Person responsible for this activity: _____

Phone: _____ Email: _____

SPECIAL INSTRUCTIONS: For events occurring on **Friday evening** or **anytime on Saturday**, unless other provisions are made with the church office, we understand that we are to clean the rooms used after our event which include: vacuuming, emptying garbage, taking down tables, and setting up chairs for Sunday activities. We understand that we are to make arrangements, at least **one week in advance**, to open the building(s) and, before leaving, we will make sure all doors are locked, all air conditioners/heaters are turned off, all sound equipment is turned off, and all electrical appliances are turned off. Every area is to be left in the same condition as we found it. We agree to return any borrowed keys promptly to the church office during office hours, or the drop box after office hours.

Initial you have read the special instructions.

Signature of person responsible:_____

INDICATE ROOMS NEEDED:

Worship Center:

- ☐ Worship Center
- ☐ Welcome Center
- ☐ Portico

Fellowship Hall:

- ☐ Main Room
- ☐ Kitchen
- ☐ Classroom #_____

CCS Buildings:

- ☐ Science Room
- ☐ Music Room
- ☐ Building C, Classroom # _____
- ☐ Building F, Classroom # _____
- ☐ Portable #_____
- ☐ Other: _____

Ministry Center:

- ☐ Gymnasium
- ☐ Cafeteria/Café
- ☐ Kitchen
- ☐ Preschool, Classroom # _____

Student Center:

- ☐ Student Center

Grounds:

- ☐ (specify grounds location)

_____

_____

INDICATE EQUIPMENT NEEDED:

- ☐ Sound System
- ☐ Television
- ☐ VCR/DVD
- ☐ LCD Projector w/Sound
- ☐ Overhead Projector
- ☐ Portable Sound System
- ☐ Other: _____

_____

NOTE: All equipment is to stay on the church campus. If equipment is to leave the property an "Off Campus Equipment Requisition Form" must be completed.

INDICATE IF STAFF MEMBERS ARE NEEDED:

- ☐ Maintenance
- ☐ Technical

OTHER NECESSARY INFORMATION:

_____**# of people expected**

_____**# of chairs needed**

_____**# of round tables needed**

_____**# of 6 ft rectangular tables needed**

_____**# of 8 ft rectangular tables needed**

NOTE: Please sketch a set up diagram on the back of this form. The diagram must be given to the office one week prior to the event.

FOR OFFICE USE

Request approved by: _____ **Date:** _____

☐ **Master Calendar**

Approved copies sent to: ☐ **Buildings Supervisor** ☐ **Event Coordinator** ☐ **CCS**

☐ **Other:**_____