

Ministry Staff Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

# Facility/Equipment Reservation Request Form

**All Events Must be Approved by the Director of Your Ministry.**

## General Room Reservation Policies

- Requests **MUST** be submitted no later than the **Sunday before an event** in order to be reserved.
- Your ministry will be assigned a room based on availability and number of attendees.
- Complete **BOTH** sides and submit to Parish Office. **(PLEASE PRINT)**
- If approved, a confirmation notice will be in your ministry mailbox within one week; otherwise you will be contacted.

Date Submitted: \_\_\_/\_\_\_/\_\_\_      Type of Request: **NEW**   **CANCEL**   **CHANGE** \_\_\_\_\_

Event Name: \_\_\_\_\_

Description/Topic of Event (s): \_\_\_\_\_

Speaker Information: \_\_\_\_\_

Ministry/Group Using Facility: \_\_\_\_\_      Number of Attendees: \_\_\_\_\_

Department:     Adult/ Evan. Outreach     HFCA     Pastoral Care     Worship (Liturgy)  
                           FAITH and Family Life     Operations     Service, Justice & Peace     Youth Ministries

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell/work/home

Email: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Phone: (847) 907 - \_\_\_\_\_

Will food/beverage be served?                     YES                     NO

If yes, kitchen/room clean-up and leftover food/beverage disposal will be completed by: \_\_\_\_\_

Will babysitting be required?                     YES                     NO

*\*Request forms for the nursery are available at the front office. If you have questions, please contact the Nursery at 847-907-3422.*

How much additional time before and after the event is required for set-up, clean-up? \_\_\_\_\_/\_\_\_\_\_

### ALL EVENTS MUST END NO LATER THAN 9:00 p.m., Weeknights & 7:00 p.m., Weekends

Date	Time		Date	Time	
(m/d/y)	start time	end time	(m/d/y)	start time	end time
___/___/___	___:___ am/pm	___:___ am/pm	___/___/___	___:___ am/pm	___:___ am/pm
___/___/___	___:___ am/pm	___:___ am/pm	___/___/___	___:___ am/pm	___:___ am/pm
___/___/___	___:___ am/pm	___:___ am/pm	___/___/___	___:___ am/pm	___:___ am/pm

You may attach a separate sheet with additional dates.

### To ensure that the Narthex Monitor is accurate, please answer the following: (Required)

How should your event read on the monitor? \_\_\_\_\_

What time does your event officially begin? \_\_\_\_\_

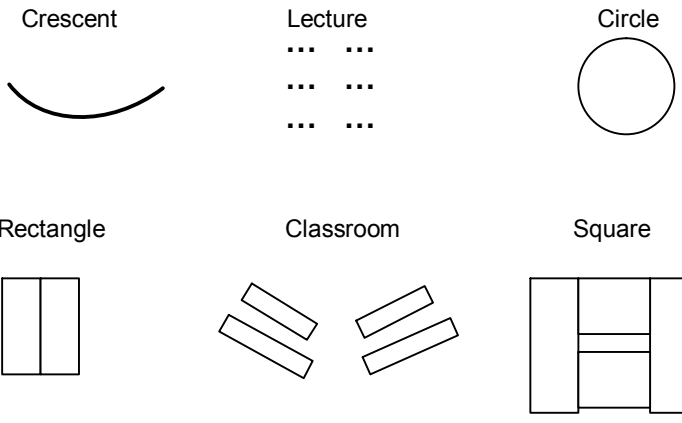
# Room Set Up - Available for the Following Rooms ONLY!

**FOR OFFICE USE ONLY**

Room(s) Assigned: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_

- Room(s) Requested:**  
 (Check as many as apply)
- Common Ground 1
    - Microphone
    - TV
    - CD
    - Audio Recording
  - Common Ground 2
    - Microphone
    - CD
    - Audio Recording
  - Breakout Rm. 1
    - TV/VCR
  - Gym/Social Center
    - Microphone
  - Kitchen near Gym
  - Kitchen near Narthex
  - Green Room
    - Microphone
    - CD
    - Audio Recording
  - Multitorium South
    - Stage
    - Microphone
  - Multitorium East
  - Multitorium West
  - Lower Level
    - Microphone
  - Retreat Center Living Rm.
    - TV/VCR
  - Other Breakout Room  
 (Space is used as is)

**Room Set Up** (Circle desired style)



**Draw Special Set-up Here:**

If you requested a microphone, do you prefer...  
 Handheld    Clip-on    Wired?  
 How many Microphones do you need?  

Narthex Table Only  
 Please indicate below if you need TV or Easel.

**Other Equipment Needs**

<input type="checkbox"/> Easel	<input type="checkbox"/> Flipchart	<input type="checkbox"/> Podium
<input type="checkbox"/> Whiteboard	<input type="checkbox"/> Screen	<input type="checkbox"/> TV/VCR
<input type="checkbox"/> Projector	<input type="checkbox"/> Church Van	

**Set up notes - Please use this space to write specific set-up needs.**

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**If you have specific A/V needs, or need consultation, please fill out the following information:**

Name: \_\_\_\_\_ Ministry: \_\_\_\_\_  
 Phone (Day): \_\_\_\_\_ Evening: \_\_\_\_\_

**IF THE EVENT IS CANCELLED, YOU MUST NOTIFY THE PARISH OFFICE IMMEDIATELY.**