

Facility Request

Event Name:		Ministry/Organization:	
Contact Person:		Email:	
Cell Phone:		Office/Other Phone:	
Start Date (M/D/Y):	End Date (M/D/Y):	Projected Attendance:	
Your Arrival/Set-up Time:	Event Start Time:	End Time: <i>(Includes your clean up. Building is locked @ 9:45 pm; the room/facility must be vacated by 9:45 pm.)</i>	

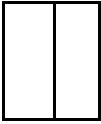
Recurring Events: Circle applicable.

<input type="checkbox"/> Weekly: S M T W Th F S	<input type="checkbox"/> Monthly: S M T W Th F S
Week of the Month: 1 st 2 nd 3 rd 4 th 5 th	

Room Preference: Check applicable. Rooms assigned based on availability and set-up needs. Facility Scheduler will contact you.

<input type="checkbox"/> Worship Center	<input type="checkbox"/> Kids Chapel (Lower Level)	<input type="checkbox"/> Middle School Room
<input type="checkbox"/> Activity Center (back/south)	<input type="checkbox"/> Lower Level Kitchen	<input type="checkbox"/> Nursery/childcare rooms
<input type="checkbox"/> Activity Center (front/north)	<input type="checkbox"/> Atrium Chapel	<input type="checkbox"/> Other # _____
<input type="checkbox"/> Activity Center Kitchen	<input type="checkbox"/> Atrium Kitchen	

Basic Set-Up: Check preferred room setup. If furniture arrangement is critical to your event, please check Vital as well.

<input type="checkbox"/> Theater style (rows of chairs) # of chairs: _____	Other: <input type="checkbox"/> Vital - Furniture arrangement <input type="checkbox"/> Lectern/Podium <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Small group style or banquet (round tables) # of round tables: _____ # of chairs @ each: _____	
<input type="checkbox"/> Boardroom style  # of rectangle tables: _____ (8-foot tables used for materials, food & beverages, or seating) # of chairs needed: _____	

Audio/Visual Needs: Check applicable.

<input type="checkbox"/> Video projector cart & DVD player. Connect your device-laptop via VGA, HDMI and 1/8" audio cables provided <input type="checkbox"/> VGA or HDMI connection to video projection system (Available in certain rooms only) <input type="checkbox"/> TV with DVD ____ or VHS ____ <input type="checkbox"/> Microphone(s): (Available in certain rooms only) <input type="checkbox"/> Handheld - # _____ <input type="checkbox"/> Ear set (Available in certain rooms only) <input type="checkbox"/> Instruments (List): _____ _____ _____ <input type="checkbox"/> Other (Explain): _____ _____ _____	<input type="checkbox"/> I have a volunteer to run AV Name: _____ Contact info: _____ _____ <input type="checkbox"/> I need an AV tech for set up at: Tech Setup Time: _____ AM ___ PM ___ (\$25 setup fee for Non-Grace ministries) <input type="checkbox"/> I need an AV tech for the entire event Tech End Time: _____ AM ___ PM ___ (\$25/hour tech fee for Non-Grace ministries)
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Kitchen Rental: (Kitchen fees apply to Non-Grace events ONLY)

- Main Full Kitchen** (Grace kitchen staff assistant required @ \$20/hr; commercial coffee machines, walk-in cooler, freezer, ice maker, stove, oven, dishwasher, small microwave, prep counter space)
 - Atrium Kitchen** (commercial coffee machines, small microwave, frig, freezer, ice machine, small prep counter space)
 - Lower Level Kitchen** (commercial coffee making machines, small microwave, frig, freezer, ice machine, small prep counter space)
 - White tablecloths** (for round tables @ \$4ea) Quantity: _____
 - Cream tablecloths** (for round tables @ \$4ea) Quantity: _____
 - Black tablecloths** (for round tables @ \$4ea) Quantity: _____
 - White tablecloths** (for 8-foot rectangular tables @ \$4ea) Quantity: _____
 - Table skirts (blue only)** for 8-foot buffet tables @ \$4ea) Quantity: _____
 - Air pot carafes** (10-cup; \$2ea) Quantity: _____
 - Thermal servers** (100-cup; \$7ea) Quantity: _____
 - Coffee supplies** (Includes coffee, cups, lids, stirrers, sugar, sugar substitute, powdered creamer @ \$.50/cup)
 - (You may make coffee in batches of 10 cups, 50 cups, and 100 cups) **Quantity: _____ cups**
 - Cold beverage Igloo coolers** (5 Gallon; \$4ea) Quantity: _____
 - Cold beverage Igloo coolers** (10 Gallon; \$7ea) Quantity: _____
- Parties responsible to wash, dry, and return all kitchen items to their appropriate storage space
- Additional fees assessed for soiled or damaged equipment

I have read and agree to follow the Facility Use Policies

Requestor Signature: _____
(Written or typed signature indicates your willingness to comply with all policies.)

Room Set-up Diagram: (If the furniture orientation is critical, draw a diagram below or upload one in the link below.)

Event Name:	Room #(s):	Date of Event:
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Office Staff Only

Rental Fees

Room assignment (Based on set-up needs): _____

Notes: _____

Date: _____

Approved by: _____

- Requester confirmed
- Kitchen Custodian
- AV calendar

Facility Rental	\$ _____
AV Set Up	\$ _____
AV Tech	\$ _____
Kitchen Rental	\$ _____
Kitchen Staff	\$ _____
Kitchen Equip	\$ _____
Other	\$ _____
Total Due	\$ _____

Total Due	\$ _____	Date _____
Less Deposit	\$ _____	Date _____
Balance Due	\$ _____	Date _____
Amount Paid	\$ _____	Date _____