

# SECOND PRESBYTERIAN CHURCH Event/Facility Request Form

EVENT NAME .....

DATE: .....

DAY(S) OF THE WEEK: S M T W T F S

ROOM(S) DESIRED .....

TIME NEEDED FROM: ..... TO: .....

EVENT TIME FROM: ..... TO: .....

NO. OF PERSONS: .....

CONTACT PERSON: .....

PHONE: .....

*If any of the following are required check the box and complete the section for that purpose.*

CHILDCARE .....

FOOD SERVICE .....

AUDIO/VISUAL .....

LIGHT/SOUND .....

**NO.**

8 FT. TABLES: .....

ROUND TABLE(S): .....

CHAIR(S): .....

FOOD/BEVERAGE REQUESTED:

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.....

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EQUIPMENT NEEDED:

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.....

*Sketch diagram of furniture/equipment arrangement requested.  
Briefly note any information that will be useful to us in preparing for your event.*

YOUR NAME: ..... MINISTRY: ..... ACCOUNT # .....

*Must be submitted to Scheduling Coordinator five days in advance for efficient scheduling.  
Event is not scheduled until a signed copy is returned to you.*

OFFICE USE ONLY: DATE CHANGE: .....

APPROVED: ..... TIME CHANGE: .....

COPIES TO: ..... CANCEL: .....