

Creekside Facilities Request Form

OFFICE USE ONLY

Today's Date _____

New Request Revised Request

Confirmation # _____

Date _____

EVENT INFORMATION

Please fill out the form entirely. Allow for a 3 week approval process when requesting support services. Because facility requests are approved on a "first come, first served" basis, requests are not always guaranteed. We will try to accommodate your request as best we can. The Facilities Coordinator will contact you once the request has been approved or denied.

Event Name _____ Description _____

Rooms Requested _____ Estimated Attendance _____

Contact Person _____ Phone _____ Cell _____

Email _____ Mailing Address _____

Under which Ministry Department does your event fall?

- | | | |
|---|---|-------------------------------|
| <input type="radio"/> Outside Group | <input type="radio"/> Community (Adult) | <input type="radio"/> Sr High |
| <input type="radio"/> Administration/Operations | <input type="radio"/> Shining Stars | <input type="radio"/> Women |
| <input type="radio"/> Children's | <input type="radio"/> Jr High | <input type="radio"/> Worship |
| <input type="radio"/> College/Young Adult | <input type="radio"/> Outreach/Missions | |

ONE TIME EVENT

Event Date _____

S M T W TH F S

Event starts at _____ am pm

Event ends at _____ am pm

Resource (room) set-up time _____ am pm

Will be out of room by _____ am pm

Comments _____

RECURRING EVENT Fill out only for recurring events

Start Date _____

End Date _____

Weekly - Day of the week _____

- | | |
|--|--|
| <input type="radio"/> Monthly | <input type="radio"/> 3 rd Week |
| <input type="radio"/> 1 st Week | <input type="radio"/> 4 th Week |
| <input type="radio"/> 2 nd Week | <input type="radio"/> 5 th Week |

Event starts at _____ am pm

Event ends at _____ am pm

Resource (room) set-up time _____ am pm

Will be out of room by _____ am pm

SUPPORT SERVICES (Room Requests)

Groups are responsible for their own set up and tear down. If requesting help with set-up/tear down, please contact the Facilities Coordinator at ext. 114. **Please specify quantity of item(s) requested.**

- | | | |
|---|---|---|
| <input type="radio"/> 4 x 8 ft. tables _____ | <input type="radio"/> TV/ VCR/ DVD | <input type="radio"/> Podium |
| <input type="radio"/> 5' Round tables _____ | <input type="radio"/> Overhead Projector | <input type="radio"/> Sound Lectern |
| <input type="radio"/> 2 x 8 Conference tables _____ | <input type="radio"/> 5' x 5' Portable Screen | <input type="radio"/> Choral Risers _____ |
| <input type="radio"/> Chairs _____ | <input type="radio"/> Portable White Board(s) _____ | |

Comments/Additional Instructions

SUPPORT SERVICES (Technical Requests)

Some audio / visual equipment may require a trained technician. Technical fees are \$50 per hour, per technician. Fees include equipment set-up and tear down time. Please contact the Facilities Coordinator at ext. 114.

Technician may be required for the following equipment:

Pulpit Mic (available in Auditorium & Chapel)

Technician Required Yes No

Video Projector (available in Rms E108, E205, Chapel, Auditorium)

Technician Required Yes No

Portable Video Projector (for FBC use only)

Piano (available in Rms A1, B2, B5, Auditorium, E104, E201, Chapel)

Technician is required for the following equipment - Specify item quantity

Wired Mics _____

Lighting

VHS/ S-VHS/DVD

Wireless Mics _____

Organ

Provides own computer

CD/Cassette Playback

Video Projection in Auditorium

Keyboard: Type _____

PowerPoint

Comments/Additional Instructions

SUPPORT SERVICES (Kitchen Requests)

If requesting the use of the kitchen, contact the Facilities Coordinator at ext. 114. Some events may require a Kitchen Coordinator at a rate of \$50 per hour.

Event Coordinator, if other than contact _____ Phone _____

Caterer (if applicable) _____ Phone _____

Event coordinator or caterer MUST contact the Facilities Coordinator one week prior to the use of the kitchen.

Stove/Oven

Coffee Maker

Dishwasher

Refrigerator

Ice Maker

Bowls, Trays, etc

Comments/Additional Instructions

By signing here, I have reviewed my information and approved the accuracy of the information requested.

(signature of the requestor)

FOR OFFICE USE ONLY

Event approved (confirmation number) _____ Approval date _____

Event denied (reason) _____ Denial Date _____

Event paid \$ _____ Cash Check _____ Date paid _____

Facility Use Fees Required Amount \$ _____

Technical Fees Required - \$50 per hour # of hours _____ Amount \$ _____

Kitchen Coordinator - \$50 per hour # of hours _____ Amount \$ _____

Certificate of Insurance

Invoice Address _____