

ROOM REQUEST FORM

Event Date: _____

Room: _____

Alternate room: _____

Time needed: _____ to _____

Actual time of event: _____

Event Title: _____

Will items be sold or fees be charged to attend (circle): Yes No

Equipment Required (circle): DVD Monitor Projector Mic Podium Sound System

Person Operating Equipment: _____ Phone: _____

Linens Required (circle): Yes No How Many: _____

Pastoral Department: _____

Name of Group: _____ Size of Group: _____

Event Facilitator: _____

Phone: _____ Email: _____

FOR SET UP – ***See reverse side of form***

Maintenance Personnel Requested Yes _____ No _____

If yes, hours needed and reason _____

Pastoral Administrator: _____

Date: _____

Entered by: _____

Date: _____