

Activity Form

Date: _____

Organization: _____

Activity: _____ Date of Activity: _____

Time: _____ - _____ Location(s): _____

Contact Person: _____ Phone #: _____

Approximate # of Participants: _____

SPECIAL REQUESTS FOR PHYSICAL ARRANGEMENTS AND EQUIPMENT:

Time Needed for "Your" set up _____ time for clean up _____

Need Set up? _____ Yes _____ No

If yes, details: (include number of tables and chairs)

_____ Round Tables (max of 18) _____ Chairs _____ Piano _____ 6' Tables

_____ TV/VCR _____ Microphone _____ Overhead projector _____ Portable WhiteBoard

_____ Other _____

****Please describe specific placement of table and chairs requested – use back of form to draw diagram****

Effective May 15, 2008

Non-Church Sponsored Activities will be charged \$125.00 for using our facility.

Date Received _____ **Received by** _____ **Approved by** _____

No activity is final until it has been approval in our Monday morning staff meeting. This process could take up to 3 weeks. The contact person will be notified of the status of approval. If any of the conditions or times cannot be met, the contact person will be notified of that also. If changes are made, please submit another form to replace the original form. This will alleviate any scheduling problems that could occur.

Kitchen

Parlor

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E
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E
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Stage