



Meeting/Event Room Request 09/22/15

Organization _____ Event _____

Date of event _____ Time of event _____

Your BEST Contact info _____

Expected # of Attendees _____ Further notes _____

Rooms Requested *(capacity estimates in parentheses)*

- | | |
|---|--|
| <input type="checkbox"/> Chapel (140) | <input type="checkbox"/> Room 140 (25) |
| <input type="checkbox"/> Church (1,100) | <input type="checkbox"/> Room 143 (Boardroom-20) |
| <input type="checkbox"/> Community Room East (64) | <input type="checkbox"/> Room 145 <i>evenings/weekends only</i> (8) |
| <input type="checkbox"/> Community Room West (36) | <input type="checkbox"/> Room 147 (small boardroom- 12) |
| <input type="checkbox"/> Community Room Kitchen (indicate supply needs) | <input type="checkbox"/> School Library <i>limited availability</i> (30) |
| <input type="checkbox"/> Room 3 (40) | <input type="checkbox"/> Life Center Hall (450+) |
| <input type="checkbox"/> Room 101 (60) | <input type="checkbox"/> Stage/Sound/Lighting Room |
| <input type="checkbox"/> Room 130 (25) | <input type="checkbox"/> Cafeteria (136) |
| <input type="checkbox"/> Room 132 (25) | <input type="checkbox"/> Kitchen (indicate supply needs below) |
| <input type="checkbox"/> Room 138 (40) | <input type="checkbox"/> Pavilion |

Childcare Request

If you would like to offer the nursery for guests with small children, please provide an estimated headcount.

- Event will need childcare for an estimated _____ children.

Audio/Visual needs Request

- I will need presentation equipment or cables. *(Please note below in 'Specific Instructions' section.)*

Kitchen Supplies

(Please note: Kitchen supply needs will be calculated by staff and based upon your indicated # of attendees.)

Beverages

- Tea
- Coffee (regular)
- Coffee (decaf)
- orange juice
- pink lemonade

Equipment

- coffee urns
- ice tea dispenser
- punch bowls w/ ladles
- chafing dishes w/ sterno
- coffee pots
- drink dispenser, 3 gal.
- Igloo Cooler, 5 gal.

