



Request Form For Building & Media Resource
Return Completed Form to Randy Julian Operations Director
TODAYS DATE: _____

Contact Person Information:

Name: _____
Phone # (daytime) _____ (evening) _____
E-mail Address _____
Organization/Ministry Name: _____

Building Use: (Room/Rooms & Area Requested)

___ Classroom # _____ Date of Event: _____
___ Nursery Room Time of Event: _____
___ Commons Area Set-Up Time: _____
___ Fellowship Circle Clean-Up Time _____
___ Worship Rehearsal Room
___ Green Room ___ Stage One Time Usage ___ Yes ___ No
___ Gym ___ Football Field Regular Usage ___ Weekly
___ Kitchen ___ Alcove Room ___ Bi-Weekly
___ Patio Area ___ Parking Lot ___ Monthly
___ Fire Escape Building ___ Other _____

Type of Event Planned: _____
Approximate number of people expected for event: _____
If you need tables how many? _____ How many chairs are needed? _____

Room Set-Up:

Do you need a special set-up? ___ Yes ___ No Please explain what is needed or draw your set-up!

Child Care Needed:

Will a child care area be needed? ___ Yes ___ No Approximate number of children _____
Who are the Child Care Supervisors _____

NOTE: There must be at least 2 caregivers & 1 must be over 18 years of age & have a background check on file, Any caregiver between the age of 15-18 must be a part of the Children's Ministry Cadet Program!

Media Equipment Needed:
___ Sound Equipment ___ TV/DVD Player ___ Video Projector