



Facility & Resource Use Form

This form should be completed at least two months before scheduled event.

Requested Room Name/Number: _____

Request Submitted by: _____ Date Submitted: _____

Name of Event: _____

Type of Event: Bible Study Small Group Committee Meeting Other: _____

Sponsoring Ministry or Organization: _____

Event Leader's Name: _____

Leader's Contact Information - Phone: _____ Email: _____

Beginning Date of Event: _____ Ending Date of Event: _____

Beginning Time of Event: _____ Ending Time of Event: _____

Recurrence of Activity: Daily Weekly Monthly Quarterly Other _____

Set up Time Required: None 15 min. 30 min. 60 min. over 60 min. (please specify) _____

Break Down Time Req.: None 15 min. 30 min. 60 min. over 60 min. (please specify) _____

Number of expected participants _____ Refreshments Yes No Caterer _____

Equipment and Resources Requested

(please check all that apply and specify quantity):

Chairs: Green Chairs _____ Burgundy Chairs _____ Metal Folding Chairs _____

Tables: Round _____ Rectangular _____ **Tablecloths**:** Round _____ Rectangular _____

Communication Needs*:

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> TV/DVD | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Projection Screen |
| <input type="checkbox"/> Portable microphone | <input type="checkbox"/> Microphone | <input type="checkbox"/> Projector
(for PowerPoint presentations) | <input type="checkbox"/> Podium with Microphone |
| <input type="checkbox"/> Equipment to play music <input type="checkbox"/> Other _____ | | | |

*Please note that trained Cornerstone Communication servants are required with the use of sound and multimedia equipment. Your request will be passed on to a multimedia ministry leader who will coordinate a servant to meet requested needs.

White Board and Markers Flip chart Markers Easel

Other: _____

Kitchen and Maintenance Supplies

Kitchen Utensils Coffee Carafes Trash Cans _____ Specify quantity Extension Cords _____ Specify quantity

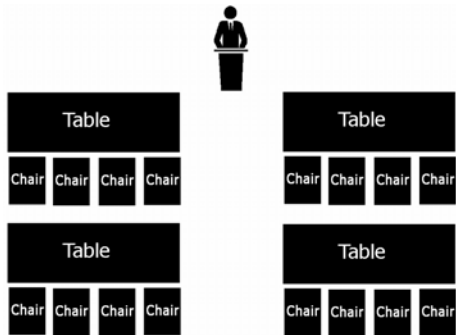
If there is something needed that is not on this form, please contact the administrative office at 252-752-4156.

Room Set Up Requested: Yes No

If room set up is requested please select from the following four options:

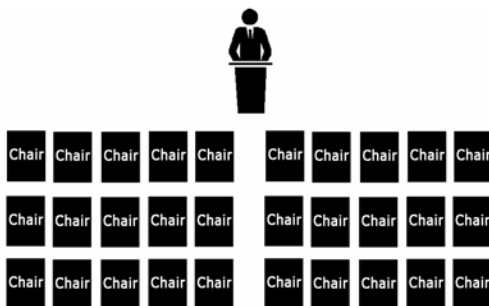
Classroom:

Tables and chairs are placed in rows facing the front; optimal for providing writing space for participants



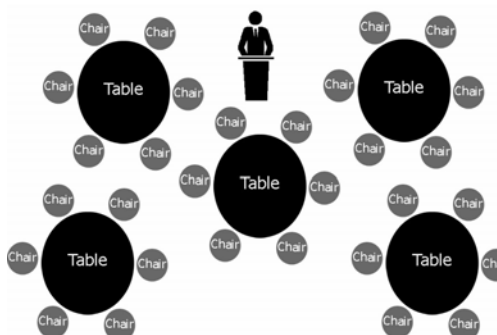
Lecture:

Chairs are placed in rows facing the front



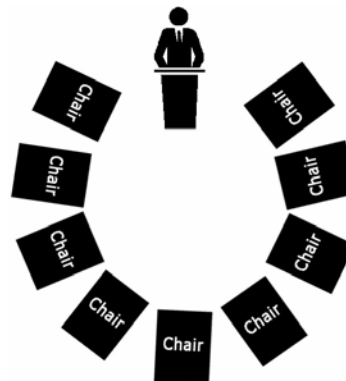
Banquet:

Round tables and chairs are spaced throughout the room; optimal for small group and table discussions and for facilitating meals



Discussion Circle:

Chairs are placed in semi-circle to facilitate group dialogue



If another set-up is desired, please attach a diagram of the set-up to this form.

Please list name(s) and phone number(s) of the person(s) from your committee or event who will be responsible for this activity.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In accordance with Cornerstone's policies we specifically ask everyone to be mindful of returning the room to the condition in which you found it, including the arrangement of its set up and cleanliness. If excessive garbage is generated it should be taken to the outside disposal container.

Signature _____ Date _____

You may drop this form by the church office or fax it to Edna Simmons at 252-752-4405.

For Office Use Only

Confirmed on the calendar Yes No By: _____ Date: _____

Emailed confirmation Yes No To: _____ Date: _____

Notifications forwarded to: Music/Sound Maintenance

Notes: _____
