

# ROOM REQUEST FORM

(Revised 05-2017)  
(Please Print Clearly)

Room Preference: \_\_\_\_\_ # of People \_\_\_\_\_

Dates Needed - From: \_\_\_\_\_ To: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

\*Event Start Time (If different from above) \_\_\_\_\_ End Time (If different from above) \_\_\_\_\_

Name of Event Organizer/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (day): \_\_\_\_\_

\_\_\_\_\_ Phone (evening): \_\_\_\_\_

Email Address: \_\_\_\_\_

If Organization, Group Name: \_\_\_\_\_

Description of Event(s): \_\_\_\_\_

If Ongoing Event, Frequency: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_ # of People: \_\_\_\_\_

Event listed on Church Calendar?  Yes  No Is prior setup necessary?  Yes  No

Can set up be done by your group?  Yes  No Setup to be done by St. John's staff?  Yes  No  
(If yes, please fully explain on back.)

Please check any of the following your group may need:

- |   |   |                                     |                                |
|---|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Stove/Oven                   | <input type="checkbox"/> Coffee Room            | <input type="checkbox"/> Microphone | <input type="checkbox"/> Other |
| <input type="checkbox"/> Convection Oven              | <input type="checkbox"/> Dishwasher             | <input type="checkbox"/> DVD and TV | _____                          |
| <input type="checkbox"/> Coffeemaker – How Many _____ | <input type="checkbox"/> Nesco – How Many _____ |                                     |                                |

I have read the Facilities Manual and agree to abide by the Building and Property Use –Terms and Conditions. (This document is available as a PDF at the top of this form. Clicking the link will open the document in a new window.)

Event Organizer/Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only-----

**ACTION:**  Approved  Denied  Further Consideration Required

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

**Room(s) Reserved:**  Fireside Rm.  Friendship Rm.  Gathering Area  Sanctuary  Kitchen

Epiphany Rm.  Downstairs Classroom(s) \_\_\_\_\_

Other: \_\_\_\_\_

**Event Custodian Assigned:** \_\_\_\_\_ **Phone/Email:** \_\_\_\_\_

**FEES:**  Yes  No If yes, date paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_

**Security Deposit Received?**  Yes  No **Deposit Returned Date:** \_\_\_\_\_ (Within 15 days of event)

**Security Deposit Retained:** Reason \_\_\_\_\_

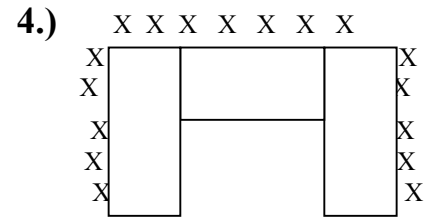
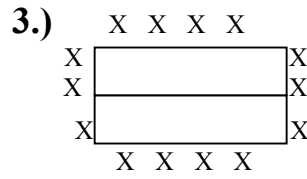
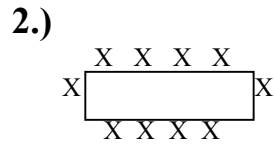
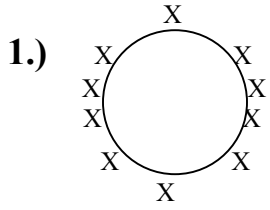
**Keys Distributed:**  Yes  No **Returned:**  Yes  No **Missing Key Fee: \$25**

**Checkout:** Space cleaned and reset  Yes  No

**Comments:** \_\_\_\_\_

**Copies or Email**  Custodian  Director of Music  Pastor  Audio-tech  Financial Director

**SPECIAL INSTRUCTIONS FOR SETUP**  
**PLEASE BE SPECIFIC – DIAGRAMS ARE HELPFUL**  
**CIRCLE ONE BELOW OR DRAW/WRITE YOUR OWN**



The number of chairs set-up will be based on number of people expected.