



**Park Windsor Baptist Church
FACILITY USAGE & ROOM RESERVATION FORM**

Date of Request _____, 20____

Calendar Date Requested _____

Time Needed: _____ AM/PM Time Ending: _____ AM/PM

Type of Function: _____ # of People: _____

Chairperson of Group: _____

Phone: (____) _____ Cell: (____) _____

Person making request: _____

Contact number: (____) _____

AREA/BUILDING REQUESTED:

- Choir Room
- Downstairs Board Room
- House
- Kitchen
- Overflow/Dining Area
- Parking Lot
- Sanctuary
- Upstairs Board Room
- Other: (Please be specific) _____

EQUIPMENT:

- | | |
|---------------------------------------|-------------------------|
| <input type="checkbox"/> Long Tables | Number of Tables: _____ |
| <input type="checkbox"/> Round Tables | Number of Tables: _____ |
| <input type="checkbox"/> Chairs | Number of Chairs: _____ |

*** For Office Purposes Only ***

Date Approved: _____, 20____

Approved by: _____ Date: _____
Property Manager Signature