

FACILITY ROOM/TRANSPORTATION REQUEST FORM



Date of Request _____

Calendar Date Requested _____

Person making request: _____

Phone # _____

Time Needed: _____ AM 'PM Time End: _____ AM PM

Type of Function: _____ # of People: _____

Chairperson of Group: _____

Phone: _____ Cell: _____

AREA/BUILDING REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> Choir Room | <input type="checkbox"/> Overflow/Dining Area |
| <input type="checkbox"/> Downstairs Board Room | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> House | <input type="checkbox"/> Sanctuary |
| <input type="checkbox"/> Kitchen – Use separate form | <input type="checkbox"/> Upstairs Board Room |
| <input type="checkbox"/> Other (please be specific/print) _____ | |

EQUIPMENT:

Long Tables: _____ # Round Tables: _____ # of Chairs: _____

****BUS/VAN RESERVATION****



**To reserve transportation vehicle, please contact Deacon Walter Snipes, directly!
(Driver(s) must be certified.)**

Bus Confirmed Driver: Name _____

Van Confirmed Driver: Name _____

***** For Office Purposes Only *****

Date Approved: _____

Approved by: _____ Date: _____
Property Manager Signature

Bus Approval: _____ Date: _____
Deacon Signature