



JACKSONVILLE PRESBYTERIAN CHURCH

Facilities Request Form

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|--|---|--|
| Event Name: | Anticipated Attendance: | Today's Date: |
| Contact Name: | Day Phone: | |
| Contact Email: | Alt. Phone: | |
| Purpose of Event: | | |
| Event Start Date: | Event Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | Event Preparation Time: |
| Event End Date: | Event End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | Event Teardown Time: |
| Event Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | Event Repeats: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | |
| Coffee/Beverages Requested: | Beverages Provided By: | |
| Use of Kitchen Requested:* <input type="checkbox"/> Yes <input type="checkbox"/> No | Food Provided By: | |
| Rooms Requested:** (See back of sheet) | <input type="checkbox"/> Multi-purpose - 400 <input type="checkbox"/> Classroom 201 - 40 <input type="checkbox"/> Classroom 202 - 60 <input type="checkbox"/> Classroom 101 - 20 (CC) <input type="checkbox"/> Classroom 102 - 40 <input type="checkbox"/> Classroom 103 - 30 <input type="checkbox"/> Classroom 104 - 30 <input type="checkbox"/> Classroom 105 - 30 <input type="checkbox"/> Fellowship Hall (Historic Church) <input type="checkbox"/> Nursery <input type="checkbox"/> Kitchen <input type="checkbox"/> Sanctuary (Historic Church) <input type="checkbox"/> Other _____ CC = Child Care | |
| Tables <input type="checkbox"/> Registration <input type="checkbox"/> Coffee/Drinks <input type="checkbox"/> Food <input type="checkbox"/> Other | Number of Tables _____ _____ _____ _____ | Chairs needed for Tables _____ _____ _____ _____ |
| Audio / Visual:*** <input type="checkbox"/> Microphone <input type="checkbox"/> Music Stand <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Television / VCR | Number _____ _____ _____ _____ | Number - Chairs Only _____ Please give letter of desired room set-up from back side _____ |
| <input type="checkbox"/> A/V Tech Requested <input type="checkbox"/> Multi-media Projectors Requested <input type="checkbox"/> Other A/V Needs (Specify) _____ | | |

* Beverages and/or food are allowed in some rooms. The person responsible for providing food for your event must obtain authorization to use the kitchen prior to the date of your event.

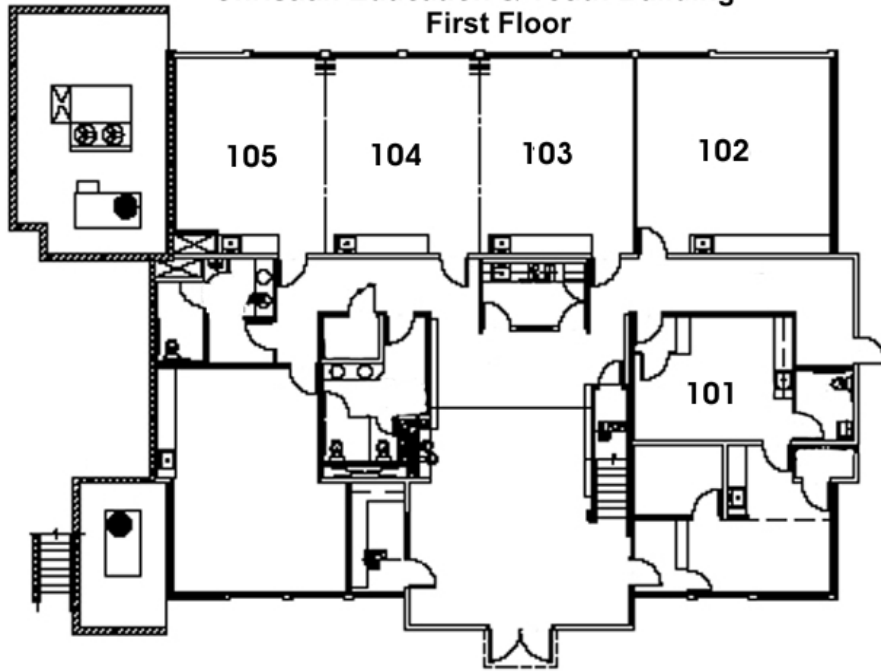
** You may indicate the room(s) that you prefer, however, you will be assigned rooms based on your event size, the requirements for concurrent events, or the need to setup for future events.

*** Most audio visual equipment will require operation by a qualified technician. This may require special setup and an additional use fee.

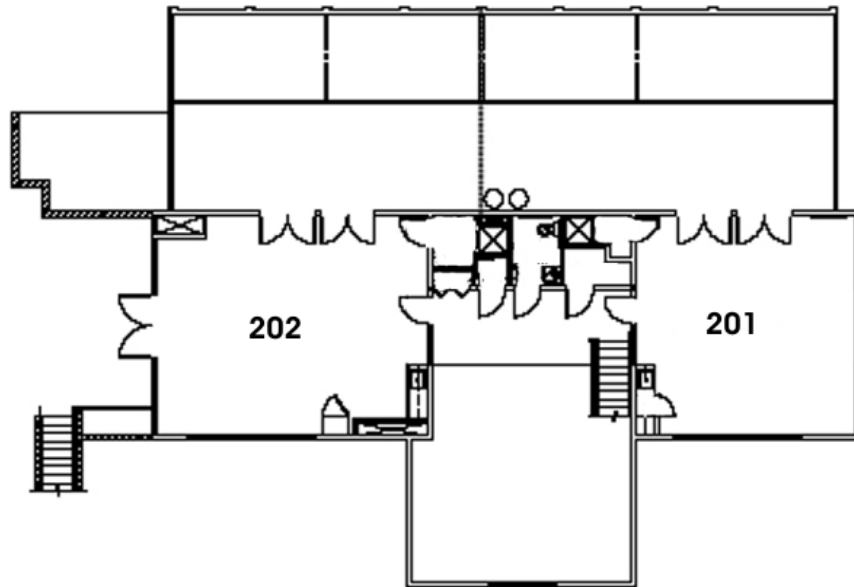
Office Use Only

| | | | |
|--|-----------|-------------|------------------------|
| Event Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | By: _____ | Date: _____ | Fee Required: \$ _____ |
| Event Conditions: _____ | | | |
| _____ | | | |

Christian Education & Youth Building
First Floor



Second Floor



On front side, please fill in the letter of the setup that best fits your needs.

