

New Song

Church & Ministries

ROOM REQUEST FORM

Date Submitted _____

Submitted by _____

Ministry Director's Signature _____

Contact Person _____

Home Phone _____

Work Phone _____

EVENT INFORMATION:

Event Name _____

Date _____

Time & duration of event
(include set-up & clean up) _____

How frequently will event take place?

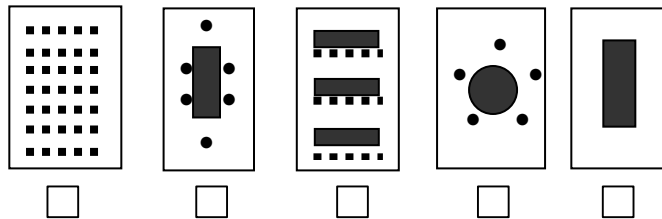
Once Weekly (Duration and Dates)

Monthly (Duration and Dates)

Other (Duration and Dates)

Room Needs:

- Podium
 Other (*Please specify under Special Notes*)



Theater: chairs all facing front

Conference: tables arranged to make square; chairs arranged around outer edge of table facing one another

Classroom: narrow tables with chairs behind them, all facing Front.

Rounds: round tables for 7-8 people

Reception: tables against wall for food OR table in middle of room with food (very limited number of chairs)

Please check one of the set-up styles above and describe the set up in the Special Notes section or attach a custom set-up diagram (*please be specific*).

Room Requested:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Children's Area |
| <input type="checkbox"/> The Learning Center | <input type="checkbox"/> Nursery | <input type="checkbox"/> Classroom 1 |
| <input type="checkbox"/> Classroom 2 | <input type="checkbox"/> Classroom 3 | <input type="checkbox"/> Annex |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Lounge | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Field | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Foyer |
| | | <input type="checkbox"/> Whatever is available |

Special Notes/Instructions

FOR OFFICE USE ONLY

This room has been Approved

Disapproved (**Give Reason**)

Room Assigned _____

Signature (Church Administrator) _____

Date _____