

Christ Community Church of South County
FACILITY USE REQUEST

To enable better coordination and service, please submit a facility request at least one week prior for a simple event, earlier if possible. Multi-week and major events require more advanced planning.

Desired Date _____ Date of request _____
Day of Week Month Day Year

Name of Group _____ Activity _____

Requestor/Contact _____ Home Phone _____

Work Phone _____

Address _____ Cell Phone _____

Fax _____

Room(s)/Location Requested _____

Arrival/Set-up Time: _____

Event Begins: _____

Event Ends: _____

Departure/Cleanup Time: _____

Estimated Size of Group: *Adults* _____ *Children* _____

Setup Needs (Quantity), and Special Needs:

Tables: Rectangular _____ *Round* _____ *Serving* _____

Chairs: How Many (per table or without tables) _____ *Padded* _____ *Folding* _____

Overhead Projector _____ *TV/VCR* _____ *Sound System* _____ *Microphones* _____

Slide Projector _____ *Video/Computer Projector* _____

Kitchen _____ *Nursery* _____ *Other Equipment* _____

Piano _____ *Podium* _____ *Other* _____

Will you need custodial help to set up the room? Yes ___ No ___ Clean Up? Yes ___ No ___

If yes, please specify the arrangements [Draw diagram on back if necessary]. _____

FOR OFFICE USE ONLY

Approved by: _____ Date: _____

Room(s) assigned: _____

Entry code _____ Key(s) or code assigned to: _____

____ Entered on calendar book.

____ Custodian notified.

Notes: _____

06/04

Please leave this form in the church office or fax or email it to us.
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