_____ *Revised* _____ *Cancelled*

MUST BE RECEIVED AT LEAST 1 WEEK PRIOR TO EVENT (7 DAYS)

ALL SAINTS' FACILITY REQUEST FORM

Today's Date: _____ **Requested Date:** _____

Requestor: _____

Room Requested: _____

Telephone Number ( ) _____

Mailing Address _____

Name of Group: _____

Name of Event: _____

Starting Time: _____ Ending Time: _____

Set-up Time: _____ _____ See Set-up Diagram Attached

Number of Guests: _____ **(CONFIRM Number of Guests 4 days before event)**

Special Needs: ***Check items below***

FURNITURE

____ Tables (#____ round)
(#____ Rectangle)
____ Chairs (# ____)
____ Podium/lectern
____ Stage
____ Risers
____ Small children's chairs
____ Registration Table

AUDIO/VISUAL

___ Flipchart(s) & markers
___ TV/VCR
___ Overhead projector
___ Projector screen
___ Tape player/recorder
___ Microphone(s)/Amplification
___ Program / Service Recorded
(available in Church or Ellis Hall only)

FORMAL SETTING ITEMS

____ Linen Tablecloths Serving items:
____ Linen Napkins ___Punch Bowl
____ Water glasses ___Serving Platter
____ Wine glasses
____ Coffee cups
____ Plates (__ dinner __dessert)
____ Silverware (__fork __ knife __ spoon)
____ Candelabras (#____)

PAPER / PLASTIC ITEMS

____ Plastic/Paper Tablecloths
____ Paper plates (__ dinner __dessert)
____ Utensils (__fork __ knife __ spoon)
____ Napkins
____ Cold cups
____ Hot cups

MUSIC DEPARTMENT

____ Piano (grand in sanctuary)
____ Piano (other)
____ Music stand(s)
____ Handbell cases
____ Choir chime case
____ Handbell tables (#___)
____ Handbell foam (#___)

FOOD/BEVERAGE

___ Boxed lunches
___ Drinks
__ Iced Water __ Beer
__ Iced tea __ Wine (Red)
__ Lemonade (a $15/bottle fee
__ Soft Drinks may be charged)
__ Coffee __Wine (White)
__ Decaf Coffee (a $15/bottle fee
may be charged)

___ To Be Catered?
Caterer's Name: _____
Caterer's Number: _____
Potluck: _____

Additional Information: _____
_____
_____

Note: Security provided on Sunday, Tuesday and Wednesday evenings.

Internal Use Only

Approved: _____ **Date:** _____ **Fee:** _____

Remarks: _____