

EASTMONT CHURCH

Event/Room Reservation Request Form

Event Description _____

Office Use Only	
Res. No.	_____
Mode	_____
Price \$	_____
Deposit	_____
Rec'd \$	_____

Please check all blocks that apply:

- | | | | |
|--|----------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> One-Time | <input type="checkbox"/> Daily | <input type="checkbox"/> First | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Ongoing | <input type="checkbox"/> Weekly | <input type="checkbox"/> Second | <input type="checkbox"/> Mon |
| <input type="checkbox"/> Non-Church Function | <input type="checkbox"/> Monthly | <input type="checkbox"/> Third | <input type="checkbox"/> Tue |
| | | <input type="checkbox"/> Fourth | <input type="checkbox"/> Wed |
| | | <input type="checkbox"/> Last | <input type="checkbox"/> Thur |
| | | <input type="checkbox"/> Every | <input type="checkbox"/> Fri |
| | | <input type="checkbox"/> Every Other | <input type="checkbox"/> Sat |

Setup Start Time _____
 Event Start Time _____
 Event End Time _____
 Cleanup End Time _____

Event Date(s) _____

Other (Specify) _____

Will food and drink be consumed? Yes No
 If yes, please note that no red or orange colored drinks are allowed.

Ministry/Group requesting reservation _____

Contact Person _____ Phone _____
 Person to supervise children _____ Phone _____
 Person to clean and lock up facility _____ Phone _____

NOTICE: YOU MUST CHECK EVERY DOOR IN THE FACILITY WHEN YOU LOCK UP.

Room Requested:

Size of event / Number of people to attend _____

Admin. Ctr.: AC Sanctuary AC Kitchen (Submit ECF-302 Kitchen Use Form)
 AC Classroom(s) (specify) _____

Family Center: FC Gym FC Kitchen (Submit ECF-302 Kitchen Use Form)
 (Is FC stove needed? Must be lit by authorized person.) Yes No
 FC Classroom(s) (specify which ones) _____

Seating/Room Configuration requested:

- _____ Conference (chairs facing stage)
 - _____ Round Tables with chairs - state how many of each _____
 - _____ Chairs in a circle
 - _____ Other (please be specific) _____
- If you wish a specific set up, please draw diagram on back of form.*

AudioVisual System set up needed? No Yes (Submit ECF-303 Media Request)

Other (please list) _____

Signature of person requesting reservation _____

Approved by: _____ Date _____

Recorded on Church Event Calendar by: _____ Date _____