


BridgePoint
 Church
 Facility Use Request Form

Name:		Group/Event Description	Today's Date
Phone:	() -		___ / ___ / ___
Email:			

Event Day & Time	Su M T W Th F Sa	Month & Day	Time <i>(include time for clean-up)</i>	
	Circle day(s)		from:	to:
			AM PM	AM PM

Setup Day & Time	Su M T W Th F Sa	Month & Day	Time	
	Circle day(s)		from:	to:
			AM PM	AM PM

Select room(s) needed:		
<input type="checkbox"/> Worship Center <input type="checkbox"/> Lobby <input type="checkbox"/> Conference Room <input type="checkbox"/> Lower Activity Center <input type="checkbox"/> Lower Activity Center Kitchen <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Small Gym <input type="checkbox"/> Large Gym <input type="checkbox"/> Racquetball Court #1 <input type="checkbox"/> Racquetball Court #2 <input type="checkbox"/> Racquetball Court #3 <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> KidZone Main Room <input type="checkbox"/> KidZone Kitchen <input type="checkbox"/> Nursery <input type="checkbox"/> Toddler Room <input type="checkbox"/> Elementary Classroom <input type="checkbox"/> _____ <input type="checkbox"/> _____

Tables & Chairs needed:				Other Equipment needed:			
	<i>Tables</i>	<i>Qty. Needed</i>			<i>Chairs</i>	<i>Qty. Needed</i>	
<input type="checkbox"/>	8' Rectangular	_____	<input type="checkbox"/>	Adult	_____	<input type="checkbox"/>	TV/VCR/DVD
<input type="checkbox"/>	6' Rectangular	_____	<input type="checkbox"/>	Child	_____	<input type="checkbox"/>	Projector & Screen
<input type="checkbox"/>	5' Round	_____				<input type="checkbox"/>	Microphone (Qty: _____)
<input type="checkbox"/>	Child Round	_____				<input type="checkbox"/>	Sound System
						<input type="checkbox"/>	_____
						<input type="checkbox"/>	Lectern
						<input type="checkbox"/>	Music Stands
						<input type="checkbox"/>	Whiteboard
						<input type="checkbox"/>	Easel
						<input type="checkbox"/>	_____

Are Nursery rooms required?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Are kitchen facilities or equipment needed?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Is food being served? Catered?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Catered	Time Caterers will arrive: _____ AM PM

Please fill in diagram(s) on the back of this sheet for requested rooms and equipment. Include placement of tables and chairs, number of chairs per table, and placement of equipment requested.

Special Instructions:

