



Christ Church at Grove Farm Facility Use Request Form

**DO NOT SUBMIT THIS FORM UNTIL YOUR ROOM RESERVATIONS
HAVE BEEN CONFIRMED BY THE PARISH SECRETARY.**

Name of Ministry or Organization _____

Address _____

City _____ State ____ Zip _____

Today's Date _____ Name of Contact Person _____

Phone Number _____ Cell Phone Number _____

Date(s) Facility Needed _____ Number of People Expected _____

Room Requested _____

Time of Day Needed: from: _____ to: _____

(Please indicate AM or PM)

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If you are more than 90 minutes beyond the ending time indicated above and this requires us to pay overtime to our facilities staff, there may be a charge to you for this expense.

Please check the items that will be needed:

_____ Chairs: Number of chairs needed _____

_____ Tables: Round____ Rectangle/Banquet ____

_____ Microphone: (please check type) Lapel____ Stand ____

_____ PowerPoint Setup

_____ Overhead Projector

_____ White board/easel/marker/eraser _____ Flip chart/marker/paper pad

_____ CD Player _____ Audio Tape Player/Recorder

_____ Piano (Available with approval of Minister of Music or Facilities' Supervisor)

_____ Access to Kitchen

_____ Food: If it is catered, name of caterer _____

_____ TV, or TV/VCR, or TV/DVD Player (circle one)

_____ Coffee, tea, cream, sugar

Please indicate how you would like the tables and chairs in the room to be set up.

Note: If the Sanctuary is being reserved, arrangements must be made to pay our sound and lighting technicians.

Additional Information and Notes _____

Please give this form to Liz Rankin.