



# Christ Church at Grove Farm Facility Use Request Form

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.**