

FACILITY RESERVATION REQUEST FORM

Requests must be submitted two weeks in advance and will be reviewed for approval.

Event: _____ **Event Date(s):** _____

Start Time: _____ Set-up Date: _____ **Day(s) of the Week:**

End Time: _____ Set-up Time: _____ Mon Tues Wed Thurs Fri Sat Sun

Sponsoring Group: _____ **Contact Person:** _____

Phone 1: _____ Email: _____

Phone 2: _____ Requested by: _____ Request Date: _____

Rooms/Grounds Requested

Resources Requested

Spackenkill Campus

- Foyer
- Sanctuary
- Gym
- Kitchen*
- Room 300 (above kitchen)
- Library
- Choir Room
- Grounds
- Room # _____
- Other: _____

Notes:

Casperkill Campus

- Main Lobby
- North Lobby
- Terrace Cafe*
- Main Gym
- Conf Ctr A/Sanctuary
- Conf Ctr B or C
- Reading Room
- Parlor
- Youth Cafe
- Youth Chapel
- Children's Chapel
- Grounds
- Room # _____
- Other: _____

- Heat AC
- Chairs (# of people) _____
- # of Tables (round) _____ (long) _____
- Podium
- Linens
- CD Player
- DVD Player
- Overhead Projector
- Projection Screen
- Digital Projector
- Sound System*
 - Self Operated
 - Staff Operated
- Microphone: # wired _____ # wireless _____
- Instruments:
 - Piano Other: _____
- Other: _____

* Recruitment of personnel for food services, nursery, sound and keyboards is the responsibility of the department head.

Please contact the facilities office if you need assistance at 845.462.5955. **Please provide a set-up diagram for the facility requested on back.**

FOR OFFICE USE ONLY

Approved by: _____ **Date:** _____

Recorded on Master Calendar by: _____ Date: _____

Confirm to requestor: _____ Date: _____

Building Unlocked by: _____ Building Locked by: _____

Cc: Office Custodian Requestor Pastor Lou Other:

Event:

Event Date:

**FACILITY RESERVATION
SET-UP DIAGRAM/S**

ROOM: _____

ROOM: _____

ROOM: _____

ROOM: _____