

# Room Use Request Form

\* **Required**

This form must be returned to the Director of Property and Records

\* Event Name \_\_\_\_\_ \* Organization \_\_\_\_\_

\* Event Date \_\_\_\_\_ \* Recurring Yes \_\_\_ No \_\_\_ If Yes, weekly, monthly, qtrly \_\_\_\_\_

\* Event Start Time \_\_\_\_\_ \* Event End Time \_\_\_\_\_ \* Prep Time \_\_\_\_\_ \* Clean Up Time \_\_\_\_\_

\* Expected Number of Attendees Adults \_\_\_\_\_ Children \_\_\_\_\_

\* Contact Name \_\_\_\_\_ \* Contact Phone \_\_\_\_\_

\* Address \_\_\_\_\_ \* Contact Email \_\_\_\_\_

## Room(s)

\_\_\_ Fellowship Hall      \_\_\_ Zimmerman Hall      \_\_\_ Library      \_\_\_ Founders Room 401  
\_\_\_ Office Conf. Room      \_\_\_ Room 150      \_\_\_ Room 152      \_\_\_ Room 154  
\_\_\_ Room 155      \_\_\_ Room 208      \_\_\_ Room 212      \_\_\_ Room 501 (Choir)  
\_\_\_ Sanctuary (DPR and Pastor approval req'd)      \_\_\_ Other \_\_\_\_\_

## \* Required Room Configuration

\_\_\_ No Set up    \_\_\_ Woods to set-up/take down    \_\_\_ Group will set up/take down

Arrangement: Number of Chairs Required \_\_\_\_\_ Number of Tables Required \_\_\_\_\_

\_\_\_ Circle of Chairs      \_\_\_ Theater Style      \_\_\_ Hollow Square      \_\_\_ U-Shaped  
\_\_\_ Classroom Style      \_\_\_ Banquet/Round Tables      \_\_\_ Other: \_\_\_\_\_

## Equipment Needs

Projector \_\_\_ Screen \_\_\_ Microphones \_\_\_ Easel w/ Paper \_\_\_ Podium \_\_\_ TV/VCR/DVD \_\_\_

**NOTES:** \_\_\_\_\_

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## FOR OFFICE USE ONLY

Approved \_\_\_Y \_\_\_N      Date of Approval \_\_\_\_\_      Approver Initials \_\_\_\_\_

Reserved on Church Calendar \_\_\_ Confirmation Phone Call/Email Sent, with Quote Fee \_\_\_

Fee and/deposit (where required) received \_\_\_ Insurance filed with Woods Church if required \_\_\_