

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, is it weekly, monthly _____

* Event Start Time _____ * Event End Time _____ * Prep Time _____ * Clean Up Time _____

* Expected Number of Attendees Adults _____ Children _____

* Contact Name _____ * Contact Phone _____

* Address _____ * Contact Email _____

Rooms

___ 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 ___

Compliance with Policies and Regulations

The User Group accepts responsibility for ensuring that every individual associated with the User Group complies with the "Terms of Building Use" regarding the use of Woods' Church facilities, Woods' Child Protection Policy, and agrees to accept responsibility for any damage caused to church property by the User Group.

* Printed Name _____

* Signature _____ * Date _____

NOTE: _____

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 ___