

First Evangelical Free Church of St. Louis County  
**FACILITY USE REQUEST**

Location/Date
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**Desired Date:** \_\_\_\_\_  
Day of Week    Month                    Day    Year

**Date of Request:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Requestor/Contact:** \_\_\_\_\_

**Address**

**City/State/Zip**

**Email address:** \_\_\_\_\_

**Home Phone:** .....

**Work Phone:** .....

**Cell Phone:** .....

**Fax:** .....

Preferred

To enable best coordination & service, please submit a facility request at least one week prior for a simple event, earlier if possible. Multi-week and major events require more advanced planning.

**Room Assignment:** To best provide for your event and others, the facilities staff will consider the information you provide to assign room(s). Please indicate any set-up style preferences. While the facilities staff coordinates a variety of set-ups, the requestor may be asked to assist with extra or non-conforming set-up and/restoration.

**Times:** Please indicate the earliest time you will need to arrive for set-up. The assigned room(s) may not be available before this time due to other activities or preparation.

**Technical Sound and Lighting Needs:** You will be contacted if you have specific technical needs for your event.

Arrival/Set-Up Time: _____	Event Begins: _____
Event Ends: _____	Departure/Cleanup Time: _____
Estimated Size of Group: Adults: _____	Children: _____
<b>Set-Up Needs</b> (Quantity) Tables: <u>6 ft.</u> <u>8 ft.</u> <u>Round</u> <u>Chairs</u>	
<b>Special Needs:</b> Overhead Projector: <input type="checkbox"/> TV/VCR: <input type="checkbox"/> Sound System: <input type="checkbox"/>	
Slide Projector: <input type="checkbox"/> Video/Computer Projector: <input type="checkbox"/>	
Kitchen: <input type="checkbox"/> *Nursery: <input type="checkbox"/> Other Equipment: _____	
Piano: <input type="checkbox"/> Podium: <input type="checkbox"/> Other: _____	
<b>Remarks:</b> _____	

\*Note: Except for regularly scheduled worship services, staffing for these special needs is the responsibility of the group using the facilities. The facility staff will provide information for you to make contact with coordinators who will be able to assist or advise. All A/V requests should complete a Technical Needs form.

<b>FOR OFFICE USE ONLY</b>		
Requires Approval of: .....	Date Approved: .....	cc: Ron Tim Tech
Approved By: .....	Date: .....	
Room(s) Assigned: .....		
Entry Code: .....	Key(s) or Code Assigned To: .....	
Notes: .....		