

ONE-TIME ROOM USE REQUEST FORM

Please print the following information:

Date of Request _____

Contact/Responsible Person _____

Phone Number _____ **Email** _____

Group Name _____ **Number of Attendees** _____

Table Set-up Needed ____ Yes ____ No

Event Date _____ **Event Time** _____

Set-up Time _____ **Clean-up Time** _____

Facility/Room Key

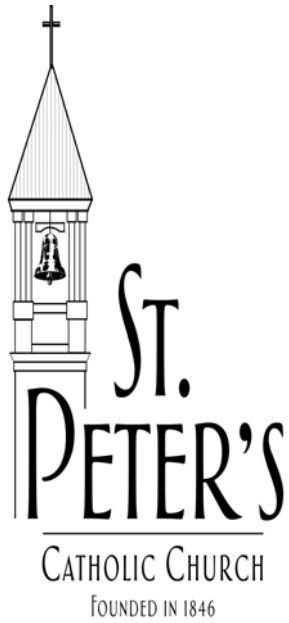
Please mark the box next to the facility you would like to request.

- Adult Education
- Adult Education 2
- Nursery
- Walsh Palmetto Room
- Church
- School Library
- Music Room
- Art Room
- Kitchen
- Other _____

Please use the space below to sketch a set-up diagram, indicating number of tables, chairs, trash containers, etc. that will be needed.

Please email or fax the completed form to Cecilia Collins at ccollins@stpeters-church.org or fax number 522-0667.

For questions regarding table set-up, contact David Hilton, Facilities Manager, at 441-0402.



Ministry annual calendar room use request form

Date of Request _____

Ministry Name _____

Contact Person _____

Phone Number _____ Email _____

Table Set-up Needed ____ Yes ____ No

Date _____ Day of the week _____

Set-up Time _____ Event Time _____

Facility/Room Key

Please mark the box next to the facility you would like to request.

- Adult Education
- Adult Education 2
- Nursery
- Walsh Palmetto Room
- Church
- School Library
- Music Room
- Art Room
- Kitchen
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