



ROOM USAGE REQUEST FORM

(For Departments, Ministries, and Auxiliaries)

Organization/Department:			
Name of Contact Person:			
Email:		Phone:	

ROOM USAGE DETAILS:

SHORT DESCRIPTION OF MEETING or EVENT		EVENT DATE	
PRIMARY ROOM REQUESTED		Anticipated # of Attendees	
What time do you need access to Setup?		MEETING/EVENT START TIME	
MEETING/EVENT END TIME		What time will you finish Cleanup?	
Sound/Lighting/Media Needed? <input type="checkbox"/> (Room Requestor must coordinate directly with the Sound Engineer.)	Hospitality Needed? <input type="checkbox"/> (Room Requestor must coordinate directly with the Hospitality Team.)		
Music Department Needed? <input type="checkbox"/> (Room Requestor must coordinate directly with the Minister of Music.)	Access to Your Department's Funds Needed? <input type="checkbox"/> (Room Requestor must coordinate directly with the Finance Department.)		
OTHER SPACE REQUESTED (A)	BEGIN TIME	END TIME	
OTHER SPACE REQUESTED (B)	BEGIN TIME	END TIME	
Is this a fund-raiser? <input type="checkbox"/> (Fund-raising events require approval from the Shepherd's Table.)			

Signature (Requestor):

Shepherd's Table Approval/Signature

EMAIL COMPLETED FORMS TO livingwater1282@earthlink.net or gamagec@yahoo.com. If you're not able to email the completed form, provide a hard copy to either Deacon Cynthia or Deacon Gamage.