

EVENT & FACILITY REQUEST FORM

- A. Submit completed form to church office
- B. Church office will confirm date(s) and fees
- C. Submit deposit to confirm reservation
- D. Church office will contact you if you need to meet with building or kitchen coordinator

Event day(s): **M T W Th F S Su** (please circle all that apply)

Event date(s): _____

Setup Time: _____ Event time: _____ Ending time: _____

Group name: _____ Event name: _____

Group size (anticipated attendance): _____

Contact person: _____

Address: _____

Phones: (H) _____ (W) _____ (cell) _____

Email: _____

1. Do you wish to have this event publicized in the Church's publications? Does not apply to some events.

Yes (Please e-mail jbrewer@mac-coop.org with the details) No

2. If this event is **external** (room not listed below), please give location: _____

3. Do you need the bus? Yes (Please fill out Vehicle Request Form) No

4. Do you need childcare? Yes No If yes, number and ages of children expected: _____

**PLEASE NOTE THAT ALL CHILDCARE MUST BE PERFORMED BY OUR OWN CERTIFIED PROVIDER AT \$25/HR.
PLEASE SEE CHILDCARE POLICIES BROCHURE FOR MORE INFORMATION.**

FACILITY REQUEST (CHECK ALL DESIRED)

Single Event Fee Schedule (approx 4 hour per use)

<u>Sanctuary Building</u>		<u>Ministry Center</u>	
<input type="checkbox"/> Sanctuary	\$35 [†]	<input type="checkbox"/> Great Room	\$160 [†]
<input type="checkbox"/> Social Hall	65 [†]	<input type="checkbox"/> Large Stage	25
<input type="checkbox"/> Kitchen	25	<input type="checkbox"/> Kitchen	80 [†] (meal served)
<input type="checkbox"/> Nursery*		<input type="checkbox"/> Kitchen	40 (minimal use)
<input type="checkbox"/> Preschool Rm*		<input type="checkbox"/> Room 103	25
<input type="checkbox"/> Conference Rm (small)	20	<input type="checkbox"/> Room 105	25
<input type="checkbox"/> Balcony	15	<input type="checkbox"/> Room 202	30
<input type="checkbox"/> Balcony Classroom	15	<input type="checkbox"/> Room 203	25
<input type="checkbox"/> Library A (by 2nd St.)	25	<input type="checkbox"/> Room 205	25
<input type="checkbox"/> Library B	25		
<input type="checkbox"/> Basement Room	15		

__ Parkview __ Other (See #2 above)

[†]\$200 refundable security deposit required to confirm reservation of these rooms

Deposit: Unless noted, deposit equal to room use fee is required one week in advance to confirm reservation.

OFFICE USE: (please initial and date each entry)

_____ Received

_____ Preliminary Calendar Entry

_____ Contract sent to client

_____ Deposit Required for \$_____ Ck #:_____ (form stamped confirmed, calendar updated, give form to Building Coordinator)

_____ Client notified of confirmation and any special requirements.

_____ Calendar verified by Building Coordinator (give form to Reservations Person)

Special Notes or concerns _____

_____ Building Access, Sound, Kitchen or other arrangements finalized with client

_____ Fee(s) Required \$_____ Check #: _____

_____ Refund approved for \$_____ by _____ (Notify Treasurer)

Refund Notes _____

_____ Event closed out (File in Room Reservation folder)

Group status:

_____ Church (no deposit, no fee)

_____ Mission (no deposit, no fee)

_____ Partner (no deposit, reduced fee)

_____ Regular (full deposit, negotiated fee)

_____ Single use (full deposit, full fee)