



**ROOM REQUEST FORM**  
**TO BE SUBMITTED 2 WEEKS PRIOR TO EVENT**

*Life Group Name:*

*Event name:*

*Responsible person:*

*Cell phone number:*

*E-mail address:*

*Room number/name requested:*

*Dates:*

*Start date:*

*End date:*

*\*Ongoing Reservation:*

*Day of the Week:*

*List dates of use:*

*List dates the room will not be used:*

***\*Please note that all ongoing reservations must be renewed annually without exception.***

*Time of day:*

*Equipment & Set Up:*

*Number of tables:*

*Round or rectangle (6 or 8 ft):*

*Number of chairs:*

*Arrangement: (theater style, classroom/lecture, large square etc. feel free to draw a schematic)*

*Media Equipment:(TV/DVD, VCR, Overhead Projector, etc.)*

***Please submit this form at least 2 weeks prior to first meeting date. Once this form is submitted and approved, changes will be made only in extreme circumstances in order to honor the time required from our facilities and media staff. You will be contacted by e-mail when the request is approved or in need of revision.***

Contact:

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