

FACILITIES/EVENT REQUEST FORM

Name of Event: _____ Sponsoring Organization/Group: _____

Contact Person(s): _____ Phone: _____ Email: _____

If Applicable - Responsible Party for Access PIN (name): _____

Room Preference: _____ Date Submitted: _____

Is this a recurring event? Yes No If so, frequency: _____

****All event requests must be submitted in writing at least two weeks prior to the event date. Equipment, rooms, and services requested subject to availability. If your event is canceled or if you have any changes, please notify the church office as soon as possible!****

EVENT DETAILS

Day of the Week	Date(s) (mm/dd/yy)	Start Time	End Time	Set-up Time	Tear-Down Time	# of people

Services Needed:

_____ Access to Building

_____ Lock up Building

_____ Room Setup *provide requested diagram below*

_____ Audio/Visual* (must be provided by IOHUMC approved personnel)

_____ Kitchen ** (IOHUMC groups/personnel only)

_____ Other: _____

Equipment Needed:

_____ # of Chairs

_____ # of 6' Tables

_____ # of 8' Tables

_____ # of Round Tables

_____ Podium

_____ Overhead Projector

_____ Television

_____ DVD Player

_____ Other:

Room diagram (if applicable):

* For A/V, requesting group MUST specify needs in order for trained personnel to be available if required

** For Kitchen, please specify usage needs (i.e., preparation only, Refrigerator/Freezer, Oven) - Users must clean up and ensure oven is powered off, if applicable.)

Additional Comments: _____

For Office Use Only

Facilities Request Approved (date/initials): _____ Request Denied (date/initials): _____

Submitted for pending Church Calendar (date/initials): _____

***Return Completed Form to the Facilities Manager ***