

Received:
 Date: _____
 Time: _____
 By: _____

Facilities Use Request

541-683-9205 · info@gcfweb.org



All scheduled events must comply with the GCF Facilities Use & Procedures Policy and be received two weeks prior to the event. The Facilities Use Team will make the final decision regarding individual space used for your event.

Desired Date: _____
Day of week Month Day Year

Continuous Activity? YES NO Weekly Bi-Weekly Monthly

Continuous until: _____ (month, day, year)

Name of Event: _____

Activity Starts: _____ AM / PM Activity Ends: _____ AM / PM

Group / Dept. making request: _____

Purpose of Event: _____

Total people for the Event: _____
(Estimated)

Requestor: _____ Date: _____
 Phone: _____ Email: _____

Facilities Requested:

___ 100 Atrium/Foyer ___ 101 Kitchen ___ *102 Auditorium ___ 104 Adult Ed ___ 105 Adult Ed ___ 108 Middle School ___ 109 Behind stage ___ 110 Behind stage ___ 112 Old Kitchen/storage <u>116 Baby nursery</u> <u>118 1 yr old room</u> <u>119 2 yr old room</u> <u>**120 Station Room</u>	<u>122 5th Grade Room</u> <u>123 4th Grade Room</u> <u>124 3rd Grade Room</u> <u>125 2nd Grade Room</u> <u>126 1st Grade Room</u> <u>127 Kindergarten Room</u> <u>128 4 yr old room</u> <u>129 3 yr old room</u> ___ C – Conference Room ___ *Youth Building ___ Other _____ ___ Other _____
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*Equipped with sound system **Food / drink not allowed

Check the following for special needs and fill out the appropriate questionnaires on the back of this form.

Sound/Media Use Required
 Kitchen Use

Rooms 116 – 129 are generally for on-site church related ministry events.

Fees

Rental \$ _____
 Set up \$ _____
 Janitorial \$ _____

Room Arrangements (set up by: _____)

(Include number of chairs & tables needed per room)

Room(s) ready by: _____ AM / PM
 _____ Date

Room(s) vacated by: _____ AM / PM

Items Needed	Number	Additional Comments
Chairs (include #'s)		<u>Or Room Set-up</u> Room Set-up attached <input type="checkbox"/> To follow <input type="checkbox"/>
Portable Erase Board		
Easel		
Lectern		
Overhead		
Portable Screen		
Tables: 6 ft		
8 ft		
Tables: Round 60"		
TV / VCR / DVD Computer		
Extension Cord		Note: Linen requests to be called in by Dept.
Piano		
Other: _____		

* I / We agree and am / are willing to abide by the policies and procedures outlined or implied in the GCF Facilities Use and Procedures Policy.

(Date) (Signature) (Print Name)

Sound / Media Request

- Will you use a DVD or CD at your event? YES NO
- Will you be using Power Point at your event? YES NO
- Will your event require a CD player? * YES NO
- Would you like the audio portion of your event recorded? ** YES NO
- Microphone YES NO

*If your event requires background music, you will need to provide the sound technician with a CD one day prior to your event start time.

** Not all audio can be recorded. If you would like the AUDIO for your event recorded please contact _____ one week prior to your event.

Kitchen Reservation Form

Grace Café needed (if available)? Yes No
 Use of the kitchen at this time will need to be staffed by the Requestor

PLANNING	Time		SERVE WITH	✓		BEVERAGES	✓
Breakfast			Full Table Setting			Coffee	
Lunch			Linen Napkins			Water with ice	
Snacks			Placemats			Juice	
Dinner			Paper Plates			Tea	
Dessert			Other _____			Sodas	
						Other _____	

Office Use

Rental \$ _____
 Set up \$ _____
 Janitorial \$ _____
 Other items \$ _____
TOTAL \$ _____

Deposit \$ _____
Received _____
Returned _____

Rec'd \$ _____ Date: _____

Approvals

Technology: _____	Date: _____	Facilities: _____	Date: _____
Admin: _____	Date: _____	Kitchen: _____	Date: _____
Added to calendar: _____	Date: _____	Key issued: _____	Date: _____
Custodian: _____	Date: _____	Custodian paid: _____	Date: _____
Set up person: _____	Date: _____	Set up person: _____	Date: _____
Sound person: _____	Date: _____	Sound person pd: _____	Date: _____
Pianist: _____	Date: _____	Pianist pd: _____	Date: _____
Soloist: _____	Date: _____	Soloist pd: _____	Date: _____
Requestor contacted _____			