

REQUEST FOR USE OF CHURCH FACILITY
(2 pages)

For Staff Only

Date received: _____

Received by: _____

Date of Request ____/____/____

Ministry Requesting: _____ Event: _____

Room(s) Requested _____

Room(s) Assigned _____

Requester/Contact: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Fax: _____

Remark: Please submit your request at least two weeks prior for a simple event, earlier if possible. Multi-week and major events require more advanced planning.

Event Date ____/____/____ Time _____ A.M. P.M. - to - _____ A.M. P.M.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

One Event Weekly Bi-Weekly Monthly Yearly

Purpose: _____

Set-Up Times: _____ A.M./P.M. Please indicate the earliest time you will need to arrive for set-up. The assigned room(s) may not be available before this time due to other activities/events.

Set-Up Needs (Quantity) _____ 6ft _____ 8ft _____ Round _____ Chairs
_____ Shade Coverings _____ Easels Other _____

Note: If you will be serving any refreshments, dinner, or desserts you must fill out a "Request for Use of Food Service" form.

Technical Needs: Projector TV/VCR TV/DVD
 Sound System Podium _____

Technical Sound and Lighting Needs: *Only TOCC trained technicians are authorized to run the equipment.*

Room Assignment: To best provide for your event and others, the TOCC staff will consider the information you provide to assign room(s). Please indicate any set-up style preferences. This will help in deciding which room will best suite your needs.

Diagram of set-up style:

Childcare: Needed

Yes No

Estimated number of children _____ Age Range of Children _____

Nursery (Newborn – 6months) or (6 months-2 Years) Classroom _____

Childcare Workers: _____

Are participants or a committee paying for the childcare? Yes No

Note: If TOCC is covering the cost of childcare you will need to fill out and submit a check request form one week prior to the event.

Remarks: Except for regularly scheduled worship services, staffing for special needs is the responsibility of the group using the facilities. If needed the TOCC staff will provide information for you to make contact with coordinators who will be able to assist or advise.

Maintenance Covers:

- Vacuuming Mopping Floor Emptying Trash Chairs
- Tables Bathrooms Foyer Breezeways
- Parking Lot _____

(Please make sure that all tables and chairs are placed back in original locations and that the room is cleared and ready for the next ministry that will be using it.)

FOR OFFICE USE ONLY

Approved By: _____ Date Approved: _____

Entry Code & Key(s) Assigned To: _____

Notes: _____
