

Room Arrangement For: _____

Room number _____

Date: From _____ to _____

Standing Request: Every _____ Until _____

INDICATE WHERE DOOR IS LOCATED IN EACH ROOM

DIAGRAM OF ROOM SET-UP

(Please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.)

OTHER SPECIAL EQUIPMENT NEEDS

- Marker Board
- Easel
- Overhead Projector
- Chalk Board
- Other _____

- Extension Cord
- Speaker Stand
- TV
- VCR Player
- DVD Player

- Tablecloths
- Rounds
- Rectangle

**For tablecloths, please
contact Carolyn Shoemaker
at 355-1992. Fee Charged.**

Today's Date: _____

Arrow Heights Baptist Church

Calendar Building /Equipment Usage Request

(Office Use Only)	
Received by:	_____
Date Received	_____
Approved:	_____
Date Approved:	_____
Exec Staff Approved:	_____
**Usage Fee charged:	_____
Keys & or Card needed:	_____

PLEASE COMPLETE ALL INFORMATION ON THE **FRONT AND BACK** OF THIS FORM.
FAX: 455-0631
Incomplete forms will not be accepted for approval on the Church Calendar

Contact Information: Name _____ Phone # best to reach you: _____
 Address: _____ City: _____ State: _____ Zip: _____

(Person making the request and will be responsible for the facilities and equipment)

Name of Activity or Event:

Start Date: _____ **Day of the Week:** _____ **End Date:** _____ **Day of the Week:** _____

Event Start Time: _____ **End Time:** _____ **If offsite, where?** _____

Setup Date: _____ **Day of the Week:** _____ **Start:** _____ **End:** _____

Clean Up Date: _____ **Day of the Week:** _____ **Start:** _____ **End:** _____

Facilities/Equipment Needed

Worship Center	
Celebration Room	_____
Worship Center	_____
Robing Room	_____
*Video Tech Needed?	_____
*Sound Tech Needed?	_____

CFC	
Gym	_____
Room 106	_____
Kitchen	_____
Class Room #	_____
Locker Room	_____
Courtyard	_____

Student Activities Center	
Worship Room	_____
*Sound Tech Needed?	_____
*Video Tech Needed?	_____
Class Room #	_____
Game Room/Café	_____
Kitchenette	_____

* There is a charge for these services
 **Building charges are from set up to clean up

Note any additional information :

Equipment Needed	
MUST HAVE DRIVER'S NAME	
Mini bus #1	_____ Driver _____
Trailer #2	_____
Big Bus #3	_____ Driver _____
Pick-up #4	_____ Driver _____
School bus #6	_____ Driver _____

Person responsible for opening and closing the building _____ **Name/number** _____

	Yes	No
***Childcare Needed?	_____	_____
Maintenance needed?:	_____	_____
Keys Needed?:	_____	_____
Keys turned in after event?	_____	_____

*** Childcare requests must be submitted to the Children's Minister for approval