

# First (Scots) Presbyterian Church

## FACILITY AND CALENDAR REQUEST FORM

PLEASE COMPLETE AND RETURN THIS FORM TO JAMIE KUZNIK IN THE CHURCH OFFICE (JKUZNIK@FIRST-SCOTS.ORG OR 722-8882)

**EVENT DATE:** \_\_\_\_\_ **EVENT TIME:** \_\_\_\_\_ **REQUESTED BY:** \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_ **EXPECTED ATTENDANCE:** \_\_\_\_\_

**SPONSOR'S NAME/PHONE #:** \_\_\_\_\_

*(Staff/church member sponsoring event is responsible for unlocking and locking facilities if outside of regular church office hours.)  
(If food service is needed, please fill out the Food Service Request Form.)*

SPACE REQUESTED:	EQUIPMENT REQUESTED:
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<input type="checkbox"/> ROOM 112 <input type="checkbox"/> ROOM 115 <input type="checkbox"/> ROOM 116 <input type="checkbox"/> ROOM 119 <input type="checkbox"/> ROOM 202 <input type="checkbox"/> ROOM 203 <input type="checkbox"/> ROOM 224 (CONF. ROOM) <input type="checkbox"/> ROOM 227 <input type="checkbox"/> ROOM 228 <input type="checkbox"/> ROOM 229 <input type="checkbox"/> ROOM 233 / SITTING AREA <input type="checkbox"/> ROOM 302 (ASSEMBLY ROOM) <input type="checkbox"/> ROOM 306 <input type="checkbox"/> ROOM 307 <input type="checkbox"/> ROOM 308 <input type="checkbox"/> ROOM 307 <input type="checkbox"/> CARRIAGE HOUSE <input type="checkbox"/> CHAPEL	<input type="checkbox"/> CRIB NURSERY <input type="checkbox"/> ED 204 (LIBRARY) <input type="checkbox"/> ED 205 (PRAYER SHAWL) <input type="checkbox"/> ED 301 (CHOIR ROOM) <input type="checkbox"/> ED 309 (CHOIR ROOM) <input type="checkbox"/> ED 310 <input type="checkbox"/> ED 311 <input type="checkbox"/> KIRK HOUSE 1ST FLOOR - KIRK CAFE <input type="checkbox"/> KIRK HOUSE 1ST FLOOR - HS ROOM <input type="checkbox"/> KIRK HOUSE 2ND FLOOR - CONF ROOM <input type="checkbox"/> KIRK HOUSE 2ND FLOOR - MS ROOM <input type="checkbox"/> KITCHEN <input type="checkbox"/> MWH <input type="checkbox"/> PARLOR <input type="checkbox"/> PORTICO <input type="checkbox"/> SANCTUARY <input type="checkbox"/> TRADD STREET ENTRANCE	<input type="checkbox"/> EASEL <input type="checkbox"/> FLIP CHART <input type="checkbox"/> LAPTOP <input type="checkbox"/> MICROPHONE <input type="checkbox"/> PODIUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> STANCHIONS <input type="checkbox"/> OTHER EQUIPMENT <i>(Specify below)</i> _____ _____ _____  <b>TABLES &amp; CHAIRS</b> <input type="checkbox"/> Long <i>(qty. needed)</i> _____ <input type="checkbox"/> Round <i>(qty. needed)</i> _____ <input type="checkbox"/> Chairs <i>(qty. needed)</i> _____ <input type="checkbox"/> Table Cloths <i>(qty. needed)</i> _____ <input type="checkbox"/> Toppers <i>(qty. needed)</i> _____
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**SPECIAL INSTRUCTIONS/NOTES:** \_\_\_\_\_  
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\*\*PLEASE PROVIDE DIAGRAM OF REQUESTED ROOM SET-UP BELOW\*\*

<b>FOR OFFICE USE ONLY</b>	Approved by: _____	Date Approved: _____
	Added to Ministry Scheduler by: _____	Date Added: _____
Copies to:	Jamie _____	Deanna _____
	Jermaine _____	Monica _____
	Donna _____	Other _____