

# SOUTH SIDE CHRISTIAN CHURCH

## Facility Request Form

The Facility Request Form is designed to assist in determining your facility and support requirements. Please carefully review the information below and complete the appropriate portions of this form.

Name of group/activity: \_\_\_\_\_ Estimated # of Participants \_\_\_\_\_  
 DATE(S) requested: \_\_\_\_\_  
 EVENT TIME(S) FROM: \_\_\_\_\_ TO \_\_\_\_\_  
 ENTRY CODE ASSIGNED \_\_\_\_\_  
 PREPARATION/SETUP TIME IF NEEDED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 CLEAN UP TIME IF NEEDED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Desired room(s) of facility: \_\_\_\_\_

Has coordination been made with other ministries that may be impacted: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, please list name of individuals contacted: \_\_\_\_\_

Custodial Special needs: Y/N	<u>Special Setup from the normal church arrangement needed: Explain</u>	
Podium	_____	_____
Tables	_____	_____
Chairs	_____	_____
DVD/VCR	_____	_____
TV	_____	_____
Bldg Key	_____	_____
Bldg Sec Code	_____	_____
Marker Board	_____	_____
Other	_____	_____

**Technical needs such as sound system, auditorium power point/lights etc, must be coordinated by requester with the Worship Minister directly.**

Any other issues needing assistance/arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If fees are required as determined by South Side Christian Church Facility or Wedding/Reception Guidelines, this form serves as a contract between those who request the use of the building and South Side Christian Church. Any variation or exception must be agreed upon by both parties prior to use of the building. I have read, understand, and agree to the terms of these guidelines and acknowledge receipt of an executed copy of this agreement.*

*If no fees are required, this form serves as an agreement that the undersigned agree to adhere to all applicable South Side Christian Church policies and guidelines when using the requested facility areas. **I UNDERSTAND THAT PARTITIONS IN THE FELLOWSHIP HALL CAN NOT BE MOVED WITHOUT HIRING A CHURCH CUSTODIAN OR APPROVED BY ADMINISTRATIVE MINISTER OR LEAD CUSTODIAN.***

Name of Requestor: (Print) \_\_\_\_\_  
 Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**OFFICE USE ONLY**

Custodial Assistance Requested and/or Required: Y \_\_\_\_\_ N \_\_\_\_\_  
 Fee required: Y \_\_\_\_\_ N \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_ Amount \_\_\_\_\_  
 Damage Inspection: Prior- Date \_\_\_\_\_ Signed \_\_\_\_\_ Post-Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

COMMENTS: