

FACILITY USE REQUEST FORM

Reid Memorial Presbyterian Church

Please submit completed form to Church Administrator
(rstone@reidchurcaugusta.org)

TODAY'S DATE: _____

STAFF COORDINATOR: _____

Name of Person Booking/Group Name: _____

Name of Contact Person (if different than above): _____

Contact Phone Number: _____

Type of Function: _____

Date Requested: _____
Month / Day / Year

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	T	W	TH	F	S

Time(s) Required: (set up and clean up times must be included)

From: _____ To: _____ Event Start Time: _____

Rehearsal Time required?: _____

REQUESTED AREA

Fellowship Hall	()	Choir Room	()	Conference Room	()
Small Kitchen	()	Chapel	()	Library	()
Abundant Life	()	Caritas	()	Mary Read	()
Builders Class	()	Kitchen off CLC	()	Emmaus	()

Religious Education First Floor: () Room 101 () Room 104 ()

Room 102 () Room 105 ()

Room 103 () Room 106 ()

Religious Education Second Floor: () Room 201 () Room 206 ()

Room 202 () Room 207 ()

Room 203 () Room 210 ()

Room 205 () Room 211 ()

Other: _____

SET-UP REQUESTS

PLEASE PROVIDE SET-UP DIAGRAM ON REVERSE OF THIS FORM

8' Tables # _____	Round Tables # _____	Chairs # _____
Podium () _____	Tablecloths () _____	Mics # _____
TV () _____	PA () _____	Other AV _____

Other requested supplies: _____

Completion and submission of this form does not guarantee use of space and/or supplies requested. You will be notified if the space is unavailable.

****All non-church related events/groups must be approved. All set-up and clean-up is the responsibility of the private group.**

Approved By: _____

Date Approved: _____