

FACILITY USE REQUEST FORM

Today's Date _____

Reid Memorial Presbyterian Church

Event Coordinator: _____

As a rule, requests forms are to be submitted at least 14-days in advance to the mailbox of Dawn McCraith, Director of Operations at the church OR complete, print and scan this document to operations2261@gmail.com or fax it to (706) 738-4000.

If it is not possible to submit your request 14-days prior to your event, please call Dawn at (706) 733-2275 and then hand deliver this request form to Dawn in the church office.

PLEASE NOTE: *Completion and Submission of this form does not guarantee use of space and/or supplies requested. You will be notified of approval or if the space is unavailable.*

Name of Event: _____ Type of Function: _____

Name of Person Booking/Group Name: _____

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

Contact Phone: _____ Contact Email: _____

Date Requested: _____ Circle day: Sun Mon Tues Wed Thurs Fri Sat

If this is a multi-date event, please list other date(s): _____

Event Time: _____ Requested by set up time: _____ Event end time: _____

Please check room(s) requested:

() Fellowship Hall () Sanctuary () Conference Room () Small Kitchen () Chapel
() Library () Mary Read () CLC/Gym () Large Kitchen () Fuqua Ctr
Religious Education Rooms Second Floor: () 201 () 202 () 203

Other: _____

Is there a need for church doors to be unlocked for this event? If so, which ones? _____

PLEASE PROVIDE SET-UP DIAGRAM ON THE REVERSE SIDE OF THIS FORM 

8ft Rectangle Tables # _____ Round Tables # _____ Chairs # _____

() Podium () Tablecloths () TV () PA Mics # _____

Other Requested Supplies/Equipment: _____

Approved By: _____ Date Approved: _____

Office Use Only:

☐ Calendar ☐ Custodian ☐ Facility Supervisor ☐ Event Owner ☐ Book ☐ Doors ☐ Other _____