

**COVENANT PRESBYTERIAN CHURCH
Calendar Event/Facility Request**

**All requests are reviewed by the Facility Committee on Friday mornings.
If payment is due, your check is necessary to confirm your reservation.**

Activity/Meeting: _____

Type of Facility Use (check one): Church School Outside Group Private

Profit or Non-profit (check one): Profit Non-profit

Contact Person for Event: _____

Phone Number(s): _____

E-mail Address: _____

Estimated Attendance: _____

Date of Event (for reoccurring events, please list all dates): _____

Room Requested	Setup Time	Start Time	End Time	Tear Down Time

**** COMPLETE OTHER SIDE ****

Equipment	Yes	Number	Type	Room Location
Tables*				
Chairs*				
Audio/Visual				
Sound				
Dry Erase Board				
Podium				

*Please draw a diagram of your setup request below.

Kitchen	Yes	Number	Type	Room Location
Buffet				
Snacks/Refreshments				
Coffee Setup				
Beverages				
Silver/Glassware/Dinnerware				
Paper Plates/Cups/Utensils				
Dishwashing Required				

Childcare Requested: _____ Yes _____ No Anticipated No. _____

Facility Use Requested By: _____ Today's Date: _____

CHURCH/SCHOOL USE ONLY

Approvals: (please initial)

Church: _____ Lynette Asheim-Vantreese

School: _____ Doris Ward

_____ Karl Hamilton