SCHEDULING AND FACILITY REQUEST FORM
Memorial Baptist Church

ALL INFORMATION IS REQUIRED PRIOR TO EVENT BEING CALENDARED AND SPACE RESERVED

EVENT INFORMATION

Type of Request

☐ Calendar Only ☐ Facilities Only ☐ Calendar & Facilities ☐ Off-Campus _____

Date Submitted	Hosting Group or Ministry	Primary Contact Name	Primary Contact Number

Event Name:	Event Date:	Event Time	Reoccurring Event?
		_____-_____ *Please include set up and tear down town if needed	☐ Weekly ☐ Monthly ☐ Other

Type of Event

☐ Church-Wide ☐ Group or Ministry Only ☐ Private

Request for Churchwide Communication?

☐ Yes ☐ No ☐ Unsure

*Nicole will follow up regarding communication plan

Nursery Requested?

☐ No ☐ Yes

If yes, estimated number of children*

_____ Babies _____ 1 Yr _____ 2 Yrs _____ 3 Yrs _____ 4 Yrs _____ 5Yrs (Pre-K only)

*Please note this is a request only. Christi will follow up regarding availability and confirmation of childcare

FACILITY REQUEST

Indicate with a "X" which space(s) are being requested

Fellowship Hall	Kitchen	Classroom	Conference Room	Chapel/Youth Room	Club56	Worship Center	Other
☐	☐	☐	☐	☐	☐	☐	☐

Following kitchen use, please ensure that all dishes are washed <u>and put away</u>, all trash is removed, and all countertops & appliances are wiped down. Place all dirty towels in the basket underneath the hand-sink. Leave <u>NO FOOD</u> in fridge.

Room Set-Up Requests – Please enter amount and suggested arrangement in spaces below.

_____ 6' Tables _____ 8' Tables _____ Round Tables _____ Chairs _____ Podium Yes Sound Yes Media

Please use this space to request room arrangement

☐ No special set-up requested

SUBMISSION REQUIREMENTS

<u>Return this form to our church office or submit via email to memorialpasadena@gmail.com</u>

ADMINISTRATIVE USE ONLY

Approved	Date	Calendared	Other	COPIES			
				Administrator	Staff	Requestor	Other
No		No					