

EVENT / ROOM RESERVATION FORM

Event Name: _____ Date/Day of Event _____

Type of Event: _____ PBC Event? Yes No
(ex. SS social, meeting, party)

Person Completing Form: _____ Position: _____
(ex. Group Coordinator, Teacher)

Hm Ph# _____ - _____ - _____ Wk Ph# _____ - _____ - _____ Cell Ph# _____ - _____ - _____

Email Address: _____@_____.

Actual time of Event: _____ am/pm until _____ am/pm Estimated ppl attending: _____

Room(s) requested : _____

Room needs to be ready for event by _____ am/pm Room cleaned and ready for next event by _____ am/pm

Church vehicle needed? Yes No White Bus Yellow Bus Excursion Driver's Name: _____

Entrances group will be using: ___ Covered drive thru at office ___ Front entrance at playground
___ Lower door beyond offices ___ Door by kitchen at back parking lot

<p>Communications</p> <p>Place in bulletin on these dates: _____ <i>(Please supply office with information to be placed in bulletin.)</i></p> <p>Audio/Visual</p> <p>What equipment do you need?</p> <p>TV DVD CD VHS Microphones Other _____</p> <p>Do you have someone to operate the AV equipment? Yes No</p>	<p>Childcare</p> <p>Is childcare needed? Yes No</p> <p>Who is arranging for caregivers? _____ <i>* Request for PBC to arrange for childcare must be submitted two weeks prior to event.</i></p> <p>Estimated number of children Birth - Pre-K _____</p> <p>Estimated number of children K- 2nd gr _____</p> <p>Estimated number of children 3rd—5th gr _____</p>
--	---

Kitchen

Will you need tea or coffee from the kitchen? Yes No

Will you need paper products from the kitchen? Yes No

Dinner Plates (9 in) _____ Dessert Plates (6 in) _____ Bowls (12 oz) _____ Tall Cups (12 oz) _____ Sm Cups (10 oz) _____

Garbage Bags _____ Paper Towel Rolls _____ Dinner Napkins _____

**Note: The church does not supply plastic table covers. For cloth table covers, see separate policy.*

Custodian

Do you need the PBC custodian to set up? Yes No **Note: Custodians do not set up for private gatherings.*

Number of round tables needed _____ Podium needed? Yes No

Number of rectangular tables needed _____ Room Layout Provided? Yes No

Number of chairs needed _____

<p>OFFICE USE ONLY:</p> <p>Date Submitted to office: _____</p> <p>Date reviewed: _____</p> <p>Approval: Yes No</p> <p>Confirmed w/ Person Completing Form: _____</p>	<p>Date Copied: _____</p> <p>Custodian: _____</p> <p>Childcare: _____</p> <p>Kitchen: _____</p> <p>Audio/Visual: _____</p>
---	--