

For Office Use Only

Approvals:

Pastor Jerry Sloan: _____ Date: _____

Comments: _____

Business Manager: _____ Date: _____

Comments: _____

Master Calendar : _____ Date: _____

Comments: _____

Processing:

_____ Entered into Computer Master Calendar & date

_____ Confirmation sent & date

Distribution:

Set-Up Team — Activity Setup

Eldon Woods—Payment of Fees

Elinor Betzer —Childcare

Eldon Woods—Visual

Linda Woods—Church Master Calendar

Linda Woods—Bulletin

Shirley Culwell— Sound

Cory Folkert—U-Turn, Youth

John Bement-Janitorial

Dave Hayworth-Director After-school pgm

Facility Reservation Request Form

Please complete form and submit to Linda Woods

Completion of this form helps assess your needs as well as those of the staff assisting you. Activities will be recommended for approval based on their compliance with the stated goals and policies of the church. Also, we consider the availability of the church facilities and services. Planning sheets received after Wednesday noon bulletin deadline will not be publicized in that week's bulletin.

Event Information (Information in bold will be publicized in church literature) This is a non-Church event.

Name of Activity: _____

Date of Activity: _____ **Start/End Time of Activity:** _____

This is a recurring event. (Please list all dates below.) Additional Time needed for setup/teardown: _____

Dates for recurring, regularly scheduled meetings: _____

Estimated Number of People Attending: _____

Rooms Requested: Sanctuary / Fellowship Hall / Kitchen / Gym / Nursery / Other _____

Event Type: Meeting / Wedding / Shower / Meeting & Meal / Banquet / Performance / Funeral/Memorial Service / Other: _____

Decorating Date: _____ Time: _____

Special Requests: (There is an additional fee for use of these items)

Dishes _____ Tableware _____ Glasses _____ * Tablecloths _____

Coffee Machine _____ Punch Bowl _____ Silver Service _____

* \$7 charge per table cloth

Room Setup (space will be setup for the number of people listed above)

- Chairs only, Theater Style Podium
 round Tables and Chairs (8 people per table) Special Setup: Diagram is included or drawn on reverse

Media

- Wireless Mic Floor Stand Mic Overhead TV-VCR-DVD
 Event Audio Recorded Video Projector Special Requests: _____

Contact Information

Sponsored by: _____ Staff Liaison: _____

Contact Person: _____ Phone Number: _____

Reservation Policy Agreement

All events and room reservations to be conducted using Capital Parks facility require the completion of this Facility Reservation Request Form. Please remember that completion of this application does not imply approval from Capital Park. Each facility request will be evaluated and the status of the request will be made available to the client normally within 3 business days. Capital Park Staff / Members hosting or sponsoring events for outside groups will be assessed facility rental and associated fees based on the Capital Park Wesleyan Church's rental fee schedule

Requestor's Signature _____ Date _____

Staff / Member Signature _____ Date _____