

Please fill out and return to the Office or Secretary/Office mailbox at least <u>ONE WEEK</u> prior to usage. If not returned, you will be responsible for your own setup. Thanks!

I (name & group na	ume),
will be using the (r	oom) for the following date(s),
and time(s)	(Event time is fromto)
(<u>Above time(s) s</u>	<u>hould include clean-up time so Custodial knows when the bldg. is emp</u>
Prior access reque	sted for decorating? Yes No If yes, when?
Number attending	? Home phone # Cell #
Email address:	
Best time to contac	t (circle): Morning Afternoon Evening
Tables needed & h	ow many? Round, Rectangle (6 ft.), Rectangle (8 ft.)
	Wide x 8' Long) Chairs? Yes / No How many?
	Vitabon Hao? Vog / No. If V og road note below
	Kitchen Use? Yes / No If Yes, read note below.
	or kitchen supervision. Any usage of kitchen supplies must be cleared by the Coordin or Sound? Yes / No If Yes, please fill out section below.
Check all th Bringing p	or Sound? Yes / No If Yes, please fill out section below. at apply for use in your presentation. personal computer (Please circle one of the following*)
Check all th Bringing p N * Your oper or newer t	or Sound? Yes / No If Yes, please fill out section below. at apply for use in your presentation. Personal computer (Please circle one of the following*) Macintosh PC ating system and/or software must be Windows Vista/Microsoft Office 2010 to be compatible with most Faithbridge systems
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Please arrange Fellowship Hall or Gym (draw below) in the following manner:

(Fellowship Hall has screen on North wall, Kitchen on East, and Sanctuary on South) (Gym has screen on North wall, Kitchen on South)



Please arrange Fireside or Man Cave (draw below) in the following manner:

(Fireside Room has screen in Southeast Corner, Fireplace on East and Sink on West) (Man Cave has screen on North Wall, Sink on West Wall)



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