



# Room Reservation Form

Contact: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Room Requested: \_\_\_\_\_ Kitchen Needed: \_\_\_\_\_

Kitchen Appliances to be Used: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_

Set-Up\*: \_\_\_\_\_ No. of Chairs/Tables: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Audio, Video, Projector, Microphone. Stage.

Day(s) Needed:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Frequency Needed:  Every Week  Every Other Week  Every Third Week  Monthly

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration: \_\_\_\_\_

First Date Needed: \_\_\_\_\_ Last Date Needed: \_\_\_\_\_

Other: \_\_\_\_\_

(see back of page for terms and conditions & signature.)

**Terms and Conditions**

I have received a copy of the *Building Use Policies and Guidelines* and I will be responsible to see that they are followed.

If a key is needed, enter the given key number. \_\_\_\_\_

**\*You are responsible** for returning the key to the church office on the first business day following your event.

**\*You are responsible** to call the church office and arrange a time to be oriented to appropriate building usage such as: where tables and chairs are located, where cleaning supplies are located, proper ways to unlock and lock doors, thermostats, etc. Please speak with the Facilities Manager.

Please notify the church office (724-443-3201) if the contact person changes.

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Signature

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Date

\*Please understand that events that require a/v equipment, and/or room set up, clean up, and tear down are the responsibility of the Committee or Event Contact Person. Staff assistance may be available and upon request.

Audio / Video equipment is dependent upon knowledge and understanding of its use.

Room Setup examples: Round Tables/Dinner Style, Long Tables U-Shape, Long Tables in Square.