

# TABERNACLE BAPTIST CHURCH

## ROOM REQUEST FORM

Date Submitted: \_\_\_\_\_  
 Name of Person making request: \_\_\_\_\_  
 Name of Ministry or Organization: \_\_\_\_\_  
 Ministry Leader's signature: \_\_\_\_\_  
 Date of activity: \_\_\_\_\_

### Reason for Request

Room Requested \_\_\_\_\_ Number Expected: \_\_\_\_\_  
 Sign-up/Registration/Information Table (specify) \_\_\_\_\_  
 Rehearsal Space \_\_\_\_\_  
 Standard Meeting \_\_\_\_\_  
 Special Event (event name) \_\_\_\_\_

Requested Date (s)

Month \_\_\_\_\_ Day \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ am / pm  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ am / pm

Will you serve food? \_\_\_yes \_\_\_no (subject to availability)

**Equipment Needed:**

Audio/Video___	Coffee Pot___	Computer___
Flip Chart___	Hostess___	Microphones___
Musicians___	Nursery___	Offering Counters___
Overhead Projector___	Podium___	___Other (specify)
Screen ___	TV/VCR___	_____
Ushers___		_____

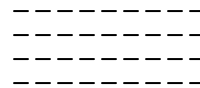
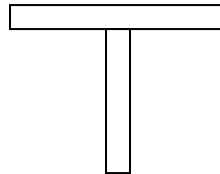
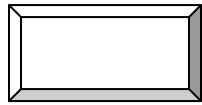
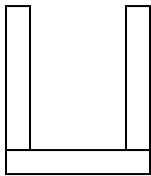
### Room Set Up

U-Shape

Hollow Square

T-Shape

Auditorium  
Chairs Only



Number of Chairs \_\_\_\_\_

Number of Tables:

Round \_\_\_\_\_ Long \_\_\_\_\_

Special Instructions: (please use back if you need additional space) \_\_\_\_\_

Please submit form to the Church office via mailbox or fax: (316) 683-0081

Space Assigned (Office Use Only):			
Classroom(s) _____	Chapel	Choir Room	Fellowship Hall
Library	Old Kitchen	Sanctuary	Stage
Other _____			