

# Upper Room Facility Usage Inquiry Form

The church office and Executive Board must have knowledge of the group and/or member that wishes to use the church facilities for scheduling purposes. Completion of this form helps assess yours 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 Upper Room Ministries. Also, we consider the availability of the church facilities and services.

Date of Inquiry \_\_\_\_\_

## ACTIVITY INFORMATION

Purpose of Usage (Activity): \_\_\_\_\_

Date(s): (mm/dd/yy) \_\_\_\_\_

Time(s): \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

**Request:**  Sanctuary  Multipurpose Hall  Kitchen  Conference Room  
 Class Room Small  Sound Tech  Other (specify): \_\_\_\_\_

Event Date	Set-up Time	Event Time	End Time	Clean-up Time	Food Served?

**Room Setup Requested:**  Meeting Format (chairs placed around a table)  Lecture Format (podium and chairs for an audience)  Banquet or Dinner  Format Specific to Facility  Other

**Equipment Requested:** \_\_\_\_\_ NOTE: Please write number needed beside each item checked.

Round Tables #:  Rectangular Tables #:  Chairs #:  
 Other Items (specify) #:

Sound Equipment (specify): \_\_\_\_\_ NOTE: Sound engineer must be present.

**Musical Instruments:** \_\_\_\_\_ NOTE: May need special approval.

Keyboard  Percussion Set  Other (specify): \_\_\_\_\_

## Main Kitchen Use Need:

Serving tables only  Refrigeration  Stove /Oven  Freezer  Ice machine

**Other Special Needs** \_\_\_\_\_

\_\_\_\_\_

## GROUP INFORMATION

Group/Person Making Request:

Responsible Party:

Address:

Home Phone:

Cell:

Email:

Contact Person for Group *(If Other Than Responsible Party)*:

Address:

Phone:

*If there is a partner of Upper Room Ministries who is also a member or associate of the applying group and who will accept responsibility for directing the proper use for the facilities, please note:*