

ADULT 7 RESERVATION FORM

ALL EVENT **REQUESTS** MUST BE TURNED IN **TOGETHER WITH THIS FORM** BEFORE THE EVENT CAN BE PLACED ON THE CALENDAR TO **JANET WOOD** AT LEAST **2 WEEKS IN ADVANCE** OF THE EVENT

NAME: _____ EVENT: _____

PHONE: Home _____ Cell _____ GROUP INVOLVED: _____

DATE OF EVENT: _____ NUMBER OF PEOPLE EXPECTED: _____

TIME FOR SET-UP: _____ STARTING TIME: _____ ENDING TIME: _____

NAME (Responsible for clean up): _____ PHONE: Home _____ Cell _____

Please draw a rough draft of how you would like the room set up for your event. (tables, food, etc.)

Adult 7
Entrance

Emergency
Exit

NO. OF TABLES NEEDED: ROUND: _____ LONG: _____

NO. OF CHAIRS NEEDED AROUND THE TABLES: _____

NO. OF CHAIRS NEEDED OTHER THAN AROUND TABLES: _____

OTHER NEEDS (BE SPECIFIC): _____

PAPER PRODUCTS NEEDED (CHURCH EVENTS ONLY): _____

IF COOLER IS BORROWED PLEASE RETURN IT WHERE YOU FOUND IT

SOUND MAN (**CHECK YES IF YOU NEED A MIC**): YES NO / SOUND EQUIPMENT NEEDED: _____

(*NOTE TO CHURCH OFFICE: COPY FORM TO MEDIA COMMITTEE IF SOUND IS REQUESTED*)