

Central Assembly of God

Communication/Calendar & Vehicle Reservation

(Please note: all requests must be approved in staff meeting. You will be contacted by the office regarding your request.)

<p>Today's Date _____</p> <p>Dept. _____</p> <p>Contact Person _____</p> <p>Phone No. _____</p>	<p>Please complete both sides of this request if Special Arrangements are Needed for:</p> <ul style="list-style-type: none">• Building usage• Lights/Sound• Custodial
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<p>EVENT _____</p> <p>DATE(S) _____</p> <p>HOURS FUNCTION RUNS:</p> <p>Starts _____ am / pm</p> <p>Ends _____ am / pm</p> <p>Is this a departmental event? _____</p> <p>Is the church invited? _____</p>	<p>VEHICLE REQUEST</p> <p><input type="checkbox"/> Van</p> <p><input type="checkbox"/> Approved Driver Obtained</p> <p>Driver's Name: _____</p> <p>Destination _____</p> <p>_____</p>
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<p>DATES TO RUN IN BULLETIN: _____ / _____ / _____ and _____ / _____ / _____</p>	
<p><input type="checkbox"/> SIGN UP SHEET NEEDED</p>	<p>COST INVOLVED? _____ AMOUNT _____</p>
<p>ACTIVITY/EVENT _____</p>	
<p>DATE(S) _____</p>	<p>TIME _____ LOCATION _____</p>
<p>DETAILS/ADDITIONAL INFO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Department Head Signature _____ **Date Approved** _____

Central Assembly of God
Facility Reservation Form

Central Assembly of God • 896 Home Street • Muskegon, MI 49442 • 231-777-3938
Marcus Horness Youth Center • 2620 McLaughlin • Muskegon, MI 49442 • 231-777-3938

(Please note: all requests must be approved in staff meeting.
You will be contacted by the office regarding your request.)

<p>Today's Date _____</p> <p>Is this a Private Function? _____</p> <p>Department _____</p> <p>Contact Person _____</p> <p>Phone No. _____</p> <p>Event _____</p> <p>Date(s) _____</p> <p>Time Function Begins _____ am / pm</p> <p>Hours Room Will Be In Use: (include setup and cleanup time)</p> <p>_____ am / pm to _____ am / pm</p>	<p>FACILITY & ROOMS REQUESTED:</p> <p>Main Church: <input type="checkbox"/> Worship Center <input type="checkbox"/> Kitchen <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Nursery <input type="checkbox"/> Other _____</p> <p>Life Center: <input type="checkbox"/> Downstairs classrooms <input type="checkbox"/> Lobby <input type="checkbox"/> Upstairs classrooms <input type="checkbox"/> Gym <input type="checkbox"/> Showers</p> <p>Youth Center: <input type="checkbox"/> College/Chapel <input type="checkbox"/> Cafe <input type="checkbox"/> Lobby <input type="checkbox"/> High School room <input type="checkbox"/> Young Adults room <input type="checkbox"/> Other _____</p> <p>SPECIAL ARRANGEMENTS NEEDED FOR:</p> <p><input type="checkbox"/> Sound System/Sound Tech <input type="checkbox"/> Special Lighting/Light Tech <input type="checkbox"/> Custodian <input type="checkbox"/> Check if keys are needed</p> <p>Name of person who will be responsible for locking/unlocking:</p>
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<p>For Office Use Only: Date approved in staff: _____ <input type="checkbox"/> Deposit paid</p> <p><input type="checkbox"/> Additional money owed: _____ Date paid in full: _____</p> <p><input type="checkbox"/> Received Necessary Checklists <input type="checkbox"/> Keys given <input type="checkbox"/> Keys returned <input type="checkbox"/> N/A</p> <p>Notes: _____ _____ _____</p>

Department Head Signature _____