



HILLSIDE CHAPEL FACILITY RESERVATION FORM

I have read and understood both the Facility Use Policy and the Christian Community Policy*

Today's Date: ___/___/___

Date of Function: ___/___/___ SUN MON TUES WED THUR FRI SAT

If numerous dates are involved, please provide a separate list of dates.

Name of Function: _____

Purpose of Function: _____

Time of Function: From _____ To _____ Set-up & clean-up time: From _____ To _____

Room/Rooms: _____ How many people involved _____

KITCHEN NEEDED ROOM FOR CHILD CARE _____ (ages of children)

Contact Person: _____

Day Time Phone: _____

E-mail Address: _____

Custodial Set-up Needs:

Chairs: _____ Tables: (Round) _____ (Long) _____ Podium
 Piano White Board

A/V Needs:

Audio (Sound System/Microphones)
 Visual (TV/Screen)

Please draw below a diagram of how you want the reserved room/rooms arranged. Use the back of this form if needed.

OFFICE USE ONLY

Form Submitted

Date Confirmed & Approved

Paid the Total Cost: \$ _____

*Both can be found at hillsidecma.org/home/facility-requests