REQUEST FORM FOR MEETING SPACE – WEST & EAST CAMPUS Date Submitted _____

Name of Organization/Event _____

Contact Person & Phone Number _____

Name Home # Work # Cell #

_____

Address City State Zip Email:

WEST CAMPUS

						EAST CAMPUS	
CH	Church	WMR	Meeting Room (75)	WGYM	Gymnasium	EMR 1	Meeting Room (25)
DMC	Chapel (Prayer Only)	BH	Banquet Hall	WKIT	Kitchen	EMR 2	Meeting Room (25)
RV	Church Rear Vestibule	BHF	Banquet Hall Front	SCHL	School	EMR 3	Meeting Room (25)
HA	Hospitality Area	BHM	Banquet Hall Middle	CLRM	Classroom	EMR 1, 2, 3	All 3 Rooms (90)
DRS	Church Doors	BHR	Banquet Hall Rear			FC	Family Center (320)
CR	Carpenter Room (15/10)	CFO	Christian Formation Office			EKIT	East Kitchen
SR	Shepherd Room (10/12)	GAR	Guardian Angel Room*Not Available Wed. Night			EGym	East Gym
( ) Room Capacity						MC	Media Center (100)

VCR/TV Cart _____ Screen _____ No More Master Layouts, all layouts must be turned in 7 days before! Band Band Room

All areas are open ½ hour before scheduled time, if more time is needed for set up & clean up, please indicate. - Set Up/Close Time _____

DATE	DAY	ACTUAL BEGIN & END TIME	RM	ACTIVITY	OK'D	CONFLICT	COMMENTS

Further Comment _____

_____

Returned To _____ Date _____ By _____