



# JACKSONVILLE PRESBYTERIAN CHURCH

## Calendar/Facilities Request Form

Event Name:		Today's Date:	
Contact Name:		Day Phone:	
Contact Email:		Alt. Phone:	
Purpose of Event:		Anticipated Attendance:	
Event Start Date:	Event Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Event Preparation Time:	
Event End Date:	Event End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Event Teardown Time:	
Event Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Event Repeats: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Coffee/Beverages Requested:		Beverages Provided By:	
Use of Kitchen Requested:* <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Provided By:	
Rooms Requested:** (See back of sheet)	<input type="checkbox"/> Multi-purpose - 400 <input type="checkbox"/> Classroom 101 - 20 (CC) <input type="checkbox"/> Classroom 104 - 30 <input type="checkbox"/> Nursery <input type="checkbox"/> Other _____	<input type="checkbox"/> Classroom 201 - 40 <input type="checkbox"/> Classroom 102 - 40 <input type="checkbox"/> Classroom 105 - 30 <input type="checkbox"/> Kitchen	<input type="checkbox"/> Classroom 202 - 60 <input type="checkbox"/> Classroom 103 - 30 <input type="checkbox"/> Fellowship Hall (Historic Church) <input type="checkbox"/> Sanctuary (Historic Church) <input type="checkbox"/> CC = Child Care
Tables <input type="checkbox"/> Registration <input type="checkbox"/> Coffee/Drinks <input type="checkbox"/> Food <input type="checkbox"/> Other	Number of Tables _____ _____ _____	Chairs needed for Tables _____ _____ _____	Number - Chairs Only _____  Please give letter of desired room set-up from back side
Audio / Visual:***  <input type="checkbox"/> Gatekeeper	<input type="checkbox"/> Microphone <input type="checkbox"/> Music Stand <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Television / DVD	Number _____ _____ _____	<input type="checkbox"/> A/V Tech Requested <input type="checkbox"/> Multi-media Projectors Requested <input type="checkbox"/> Other A/V Needs (Specify) _____

\* Beverages and/or food are allowed in some rooms. The person responsible for providing food for your event must obtain authorization to use the kitchen prior to the date of your event.

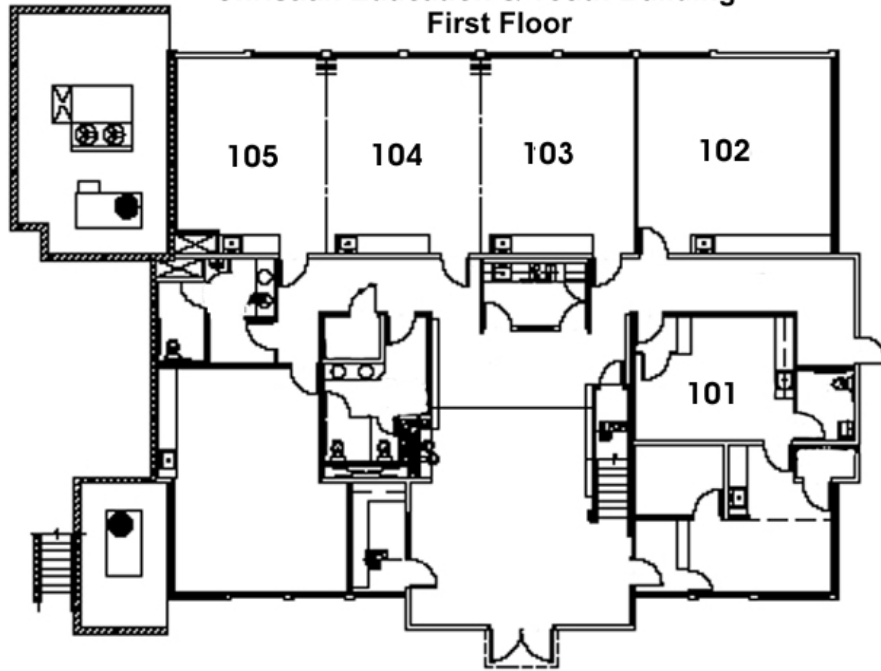
\*\* You may indicate the room(s) that you prefer, however, you will be assigned rooms based on your event size, the requirements for concurrent events, or the need to setup for future events.

\*\*\* Most audio visual equipment will require operation by a qualified technician. This may require special setup and an additional use fee.

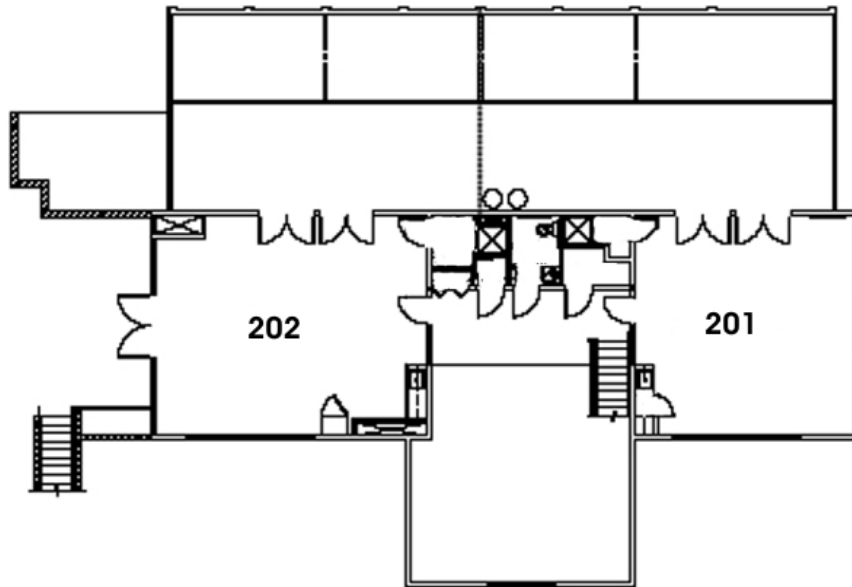
**Office Use Only**

Event Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____	Fee Required: \$ _____
Event Conditions: _____ _____			

Christian Education & Youth Building  
First Floor



Second Floor



On front side, please fill in the letter of the setup that best fits your needs.

