

# USE OF FACILITIES/CALENDAR REQUEST FORM

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Calendar Date checked (initial): \_\_\_\_\_

Time of Event: **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

Reason for revision: Location Date Cancellation Signature \_\_\_\_\_ Date \_\_\_\_\_

(If the request is changed or canceled please return this document to the Admin office or email to: [ecfpromotions@gmail.com](mailto:ecfpromotions@gmail.com))

Ministry:	_____
Name of Requestor:	_____
Today's Date:	_____
Contact phone:	_____
Contact Email:	_____
Set-up/Rehearsal time:	_____

Designated clean-up crew:	_____
Number of expected participants:	_____
Key# issued:	_____
Key returned:	_____

I have Executive approval from _____ on _____
Promotional advertising needed? YES NO

<b>FACILITY REQUESTED</b>	
<input type="checkbox"/> SANCTUARY	<input type="checkbox"/> FELLOWSHIP HALL
<input type="checkbox"/> CONFERENCE ROOM	<input type="checkbox"/> KITCHEN
<input type="checkbox"/> CLASSROOM(S) _____	<input type="checkbox"/> PANTRY
<input type="checkbox"/> BLAKELY CENTER	<input type="checkbox"/> YOUTH WORSHIP CTR
Requests/Instructions: _____	

Other Ministries you will need assistance from: (please circle)				
<b>Ushers/Greeters</b>	<b>Video</b>	<b>Audio</b>	<b>Security</b>	<b>Maintenance/Facilities</b>
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (reason) _____				<input type="checkbox"/> Maintenance notified
				<input type="checkbox"/> Input in CCB