

CONFIRMED BY _____
DATE _____

COPY TO _____

FACILITIES USE REQUEST

● **EPLT APPROVAL:** _____

ROOM REQUESTED: _____

FELLOWSHIP HALL ROOM REQUESTED: (A) (B) (C) (D) (E) (F) or ALL

DATE OF EVENT: _____ TODAY'S DATE _____

MINISTRY _____ PURPOSE _____

PERSON MAKING REQUEST _____

PHONE _____ EMAIL _____

TIME NEEDED: Beginning _____ Ending _____ Event Start Time _____

SET UP NEEDS:

CHAIRS _____

TABLES

60" ROUND _____

8FT _____

6FT (4) _____

GREY _____

(conference table)

PODIUM

FLOOR _____

TABLE _____

MUSIC STAND _____

PIANO _____

PLATFORMS

24" (4) _____

16" (4) _____

8" (4) _____

Platform Skirt _____

RISERS

3 STEP _____

4 STEP _____

LINENS FOR NON-FOOD TABLES (black/burgundy/grey)

8FT _____

6FT _____

GREY CONFERENCE _____

LATTICE PANELS _____

AV EQUIPMENT

YES _____

NO _____

If YES, go to briarwood.org/avrequest

NURSERY (PRE-SCHOOL ONLY)

YES _____

NO _____

If YES, contact Alison Craig at 776-5214, acraig@briarwood.org

KITCHEN

YES _____

NO _____

If YES, contact Sherri Smith 776-5374, ssmith@briarwood.org

DIAGRAM FOR SET UP or ADDITIONAL INFORMATION:

I agree to leave the room in a clean and orderly condition and to abide by the policies and procedures of Briarwood.
Signature: _____ Date: _____