

CONFIRMED BY _____
DATE _____

COPY TO _____

FACILITIES USE REQUEST

(submit diagram 2 weeks prior to event)

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 (10) _____

AV EQUIPMENT

YES _____
NO _____

If YES, go to briarwood.org/avrequest

(submit at least 2 weeks prior to event)

NURSERY (PRE-SCHOOL ONLY)

YES _____
NO _____

Contact Alison Craig if YES, 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: _____
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