

CONFIRMED BY _____
DATE _____

COPY TO: _____

FACILITY USE REQUEST WORSHIP CENTER

EPLT APPROVAL: _____

DATE OF EVENT: _____ **TODAY'S DATE** _____

MINISTRY: _____ **PURPOSE:** _____

PERSON MAKING REQUEST: _____

PHONE: _____ **EMAIL:** _____

TIME NEEDED: Beginning _____ **Ending** _____ **Event Start Time** _____

SET UP NEEDS:

MODESTY RAILS

IN _____
OUT _____

LARGE RED CHAIRS (6)

IN _____
OUT _____

BOATDOCK

IN _____
OUT _____

TABLES

60" ROUND _____
8FT _____
6FT (4) _____
GREY _____
(conference table)

PODIUM

FLOOR _____
TABLE _____

PLATFORMS

24" (4) _____
16" (4) _____
8" (4) _____
PLATFORM SKIRT _____

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

8FT _____
6FT _____
GREY CONFERENCE _____

RISERS

3 STEP _____
4 STEP _____

ORCHESTRA CHAIRS _____
CHAIRS IN CHOIR LOFT _____

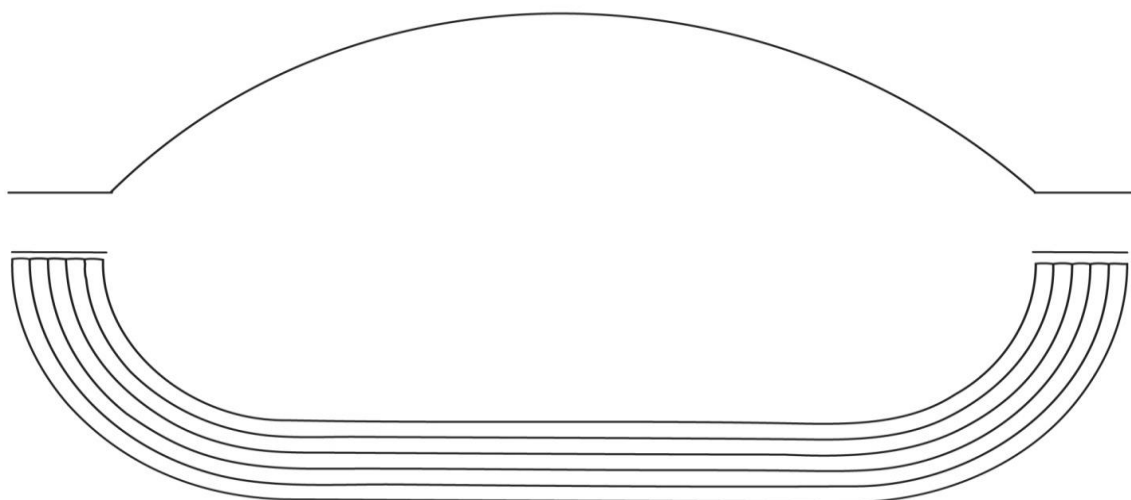
AV EQUIPMENT

YES _____
NO _____
If YES, go to briarwood.org/avrequests
avstaff@briarwood.org

NURSERY (PRE-SCHOOL ONLY)

YES _____
NO _____
If YES, contact Alison Craig at 776-5214, acraig@briarwood.org

DIAGRAM FOR SET UP



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