

Lakewood Congregational Church Facility and Room Use Request

Group Name: _____ Email: _____

Contact Person: _____ Phone: _____

Areas/Room Requested: _____

Date Requested: _____ Hours: _____

Number Attending: _____

Table and Chair Setup: _____

Audio Visual Equipment : _____ TV/VCR _____ Screen
_____ Slide Proj. _____ Overhead
_____ Radio/CD _____ P.A. System
_____ Easel/Paper _____ Dry Erase Bd.

Catering: _____ Coffee/Tea Setup _____ Juice/Kids Drinks
_____ Food Service _____ Catered _____ By Group

Kitchen to be used: _____ Yes _____ No
Pre-heat ovens? _____ Yes _____ degrees

Additional Comments/Requests: _____

.....
Office Use Only: Approved Yes/No
_____ Office Manager
_____ Building Manager
_____ Dir. Of Music (if applicable)
_____ Senior Minister

SECURITY NEEDED: _____ Yes _____ No Hours: _____