

Agape Fellowship Facility Request



1. Please turn in the request form to the office two weeks prior to the event, if possible.
2. You will be contacted regarding your request as soon as possible.
3. Please return keys to the office within two business days.

Event Information

Group Name: _____ Event Date: _____

If Non-Agape Ministry do you have approval: Yes ___ No ___ Day of the week: _____

If reoccurring, state frequency: (e.g. every 1st Monday) _____

Event Time: From _____ to _____ Building Use Time: From _____ to _____

Event Description: _____

Key Needed: Yes ___ No ___ Self-Set-Up: Yes ___ No ___

Contact Name: _____

Phone: _____ Email: _____

Number of People Attending: _____

Additional Information: _____

ROOMS NEEDED: (circle the areas you need) ***only areas requested are to be used ***
Please Clean up the areas you use and appliances

Sanctuary/auditorium	Kitchen - <i>room 130</i>	Classroom (Specify)
Multi-Purpose Room - <i>room 131</i>	Restrooms	_____
Youth Room – <i>room 129</i>	Nursery	Life Room

SET UP NEEDED: (circle the equipment/supplies you need)

Stage	Sanctuary/ Multi Media	DVD/VCR Cart
Tables	Chairs	Coffee Maker
White Board	Kitchen Appliances	Other: _____

Requested By: _____ Today's date: _____

NO SMOKING, NO ALCOHOL, NO CONFETTI, RICE, BIRD SEED, ETC.

Facility Request Form

Drawings and Instructions:

Office Use Only

Approval: YES NO

___Office ___Custodial ___Set-up/ Tear-down
___Salt ___Greeters ___Keys

Time needed for set-up: _____

Time needed for teardown: _____

