



FIRST EVANGELICAL FREE CHURCH

MAPLEWOOD, MN

2696 Hazelwood Street
Maplewood, MN 55109
651-777-5180

Reservation Request Form

Instructions: Complete both sides of this form to assure the room will be set up as you would like. Return to Ann Fenderson in the church office upon completion, as far in advance as possible. Confirmation will be sent by email.

EVENT

Date Submitted _____

Event Description _____

Contact person _____ Phone(s) _____

Email Address _____

Date(s) of event(s) _____

Organization or group _____

Address (non-church events only) _____

Number of people attending _____ Actual time of event: from _____ to _____

Opening/closing time: from _____ to _____ (including preparation & clean-up time)

ROOM(s) Check all that apply:

<input type="checkbox"/> 100	<input type="checkbox"/> 210 - 4/5s
<input type="checkbox"/> 101	<input type="checkbox"/> 211 - Twos
<input type="checkbox"/> 102	<input type="checkbox"/> 212 - Threes
<input type="checkbox"/> 103/04	<input type="checkbox"/> 213 - Infant/Toddler
<input type="checkbox"/> 105	<input type="checkbox"/> Activity Center
<input type="checkbox"/> 107	<input type="checkbox"/> Gym
<input type="checkbox"/> 201	<input type="checkbox"/> Fellowship Hall
<input type="checkbox"/> 202	<input type="checkbox"/> FH tiled area
<input type="checkbox"/> 204	<input type="checkbox"/> Kitchen
<input type="checkbox"/> 205	<input type="checkbox"/> Worship Center
<input type="checkbox"/> 206	<input type="checkbox"/> Youth Center (HS)
<input type="checkbox"/> 207	<input type="checkbox"/> Youth Center (JH)
<input type="checkbox"/> 208	

EQUIPMENT *(Indicate quantity or check off)*

____ Banquet Tables (8 ft.) rectangle	<input type="checkbox"/> Video Projectors/Screens <i>(church use only)</i>
____ Round Tables (5 ft.)	<input type="checkbox"/> Sound/Microphones <i>(see below)</i>
____ Sign-up Tables - (5 ft. x 2 ft.)	<input type="checkbox"/> Easel
____ Tables (2 ft. x 3 ft.) (3 available)	<input type="checkbox"/> Garbage Cans
____ Chairs	<input type="checkbox"/> Podium
____ White Linen Tablecloths (\$3/ea.)	<input type="checkbox"/> Rocking Chair
____ High Chairs (6 available)	<input type="checkbox"/> TV/DVD/VCR
<input type="checkbox"/> White Van	<input type="checkbox"/> White Board
<input type="checkbox"/> Mini-Bus <i>(CDL license required)</i>	
<input type="checkbox"/> 25 pass. <input type="checkbox"/> 23 pass. (lift)	

Name of mini-bus driver: _____

OFFICE USE ONLY

Custodians: _____

Wedding/Event Coordinator: _____

Kitchen Coordinator: _____

Sound Technician: _____

Other: _____

Sound/Microphones:

WORSHIP CENTER: A trained sound technician is required. **Please complete the Sound Needs form.**

ACTIVITY CENTER or YOUTH CENTER: A trained sound technician is required for more complicated sound needs (live music, etc.) **Please complete the Sound Needs form.** For simple microphone use, no sound technician is required.

SET UP REQUEST

In the space below, please draw a diagram, or write a description of how you would like your room set up. Include location of doors and windows in your drawing.