



EQUIPMENT USE REQUEST FORM

In order to reserve your use of equipment, please return your completed form 10 DAYS PRIOR

to your event. Should your event cancel or change, please contact church as soon as possible.

SUN. MON. TUES. WED. THURS. FRI. SAT.

Date of activity _____ Today's date _____

Name of your activity _____

Time you will need equipment _____ A.M./P.M.

Time your event begins _____ A.M./P.M.

TO USE THE CHURCH FACILITY, YOUR RESPONSIBILITY IS:

I, _____, will be the accountable person for this equipment. I will return all equipment on _____.

Home phone _____ Work phone _____

Number of 8-foot straight tables for food and beverage _____

Number of 8-foot tables with chairs _____ (8-10 chairs)

Number of 6-foot straight tables needed _____ (6-8 chairs)

Any other equipment needed _____ Quantity _____

Name: _____

Signature: _____