



Request for Use of Facilities

Submit to Patricia Hirvonen
Administrative Assistant to the Rector

Event Name: _____

Event Date: _____ / _____ / _____ Additional Dates: _____
Month Date Day of the Week Year
_____ Weekly _____ Monthly

Event START Time: _____ AM/PM Event END Time _____ AM/PM

Set-up START Time (if applicable): _____ AM/PM Set-up END Time: _____ Attendance Expected: _____

Today's Date: _____ Contact Name: _____

Daytime Phone: _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email _____

ROOM SELECTION

Church

Theater Style (seats 700)

Saint Dunstan's Chapel

Theater Style (seats 75)

Guild Hall

As is (fits 250 standing)
 Theater Style (seats 100)

Conference Room

Boardroom (seats 15)

Hospitality Center

As is (fits 300 standing)
 Dining Style (seats 120)
 Instructional Style (seats 150)
 Theater Style (seats 200)

Kitchen (Floor 2)

As is (Food prep only)

Kitchenette (Floor 4)

As is (Food prep only)

Rooms 102-103

Dining Style (seats 25)
 Instructional Style (seats 18)
 Boardroom Style (seats 20)
 Theater Style (seats 25)

Room 105 (As is)

Library

As is (seats 15)

Parlor

Boardroom Style (seats 12)

Room 201 (As is)

Room 202 (As is)

Rooms 201/202

Dining Style (seats 40)
 Instructional Style (seats 24)
 Boardroom Style (seats 34)
 Theater Style (seats 40)

Patio (with tent May thru Oct.)
(Seats 80)

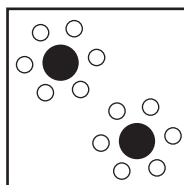
Parking Lot

Main Lot (up to 188 cars)
 Additional Handicapped
(Number needed: _____)

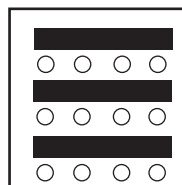
Other (please specify): _____

ROOM SET-UP EXAMPLES

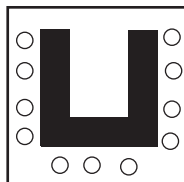
Dining



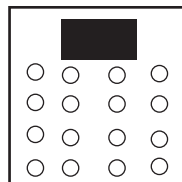
Instructional



Boardroom



Theater



Please Note

If the set-up you desire is not shown above, draw the set-up on the back of this sheet. Also, groups must provide their own tablecloths.

SPECIAL EQUIPMENT

- Lectern Bibles Prayer Books
- Easel and Dry Erase Board/Flipcharts
- Audio System/Microphones
- Slide Projector/Screens
- Power Point Projector
- TV/VCR/DVD
- Other (please specify) _____

COMMENTS/SPECIAL NEEDS

FOR OFFICE USE ONLY

Fee: _____

Security Deposit (50%) _____

Entered by: _____ Date: _____

APPROVALS

Parish Administrator: _____ Date: _____

Rector: _____ Date: _____