EVENT		COMPLETE A	FACILITY USE FORM COMPLETE AND GIVE TO FORM PK 1303 (0404) from www.MediaExcellence.com	
DATE	TIME		RESPONSIBLE PERSON PHONES EMAIL	
	FROM TO			
LOCATION (S)				
□SANCTUARY □YOUTH CENTER □ (OTHER)				□GYMNASIUM □PARKING LOT □NURSERY?
□ NEED FOR CHAIRS?	(Seating for	people)		
\square NEED FOR TABLES? (Number of tables:) \square Round tables (seat 8) \square Long tables (seat 8)				
□ NEED FOR KITCHEN USE? (Applicant must verify with kitchen ministries coordinator and initial here:)				
☐ NEED FOR NURSER	Y CARE? (Applicant must v	verify with nursery depart	tment and initial here	:)
☐ NEED FOR PARKING	G LOT SECURITY? (Applie	cant must verify with secu	urity and initial here:)
(For more sophisticated Number of microphon	JBLIC ADDRESS SYSTEM? It system, applicant must containes Cassette erhead Projector and screen	act and verify with Media player	player \DV \rightarrow \	D Player eo projector and screen
	ECORATE IN ADVANCE? eed chairs and tables to be set			
\square NEED FOR PODIUM? \square NEED FOR MUSIC STAND? \square NEED FOR STAGE?				
☐ NEED FOR PIANO O	R KEYBOARD? EXPLAIN	I		
☐ OTHER NEEDS:				
☐ SPECIAL DIAGRAM	FOR ROOM SETUP MAY I	BE DRAWN IN SPACE	BELOW:	
□ •NE-TIME EVENT		□ w eekly	□	
_	APPLICANT	ΓSIGNATURE	DATE	DEPARTMENT