CECF Facility Usage Request

**\*\* Form submission must be made 2 weeks prior to event date \*\***

**\*\* Please print information legibly for clarity, and fill in all requested information completely \*\***

**\*\*Clean up charge for ALL non-CECF events \*\***

**Event/Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ministry/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Include set up and break down time)**

**Number of Persons Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please Select Location)**

**May Street Campus:**

**\_\_\_\_Sanctuary \_\_\_\_Lower Level (please indicate if using section or entire lower level) \_\_\_\_Kitchen \_\_\_\_DYC (Main) \_\_\_\_DYC (Lower Level Classrooms)**

**SPECIFIC NEEDS**

**Date and costs for building usage (if any) and clean up needs to be discussed and approved prior to event**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **VISUAL AIDS** |  | **AUDIO/VISUAL EQUIPMENT** |  | **MISC NEEDS** |
|  | **Lectern** |  | **Projector Access** |  | **Linen Tablecloths (Additional Costs)** |
|  | **Screen** |  | **Sound System** |  | **Paper Goods** |
|  |  |  |  |  | **Cups** |
|  |  |  |  |  | **Napkins** |
|  | **TABLES** |  | **CHAIRS/SEATING** |  | **Plates** |
|  | **Long** |  | **Number of chairs** |  | **Plastic Ware** |
|  | **Round** |  | **Other:**  |  | **Table Cloths** |
|  | **Other:** |  |  |  | **Other:**  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (Person Submitting Request) Administration Approval Date**

**Email Address/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**