

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: _____

