

# Christ Church Space Request Form for Christ Church Events

Committee/Ministry:

Your name:

Phone:

Email:

Event Description:

Day & date(s) of Event:

Starting Time of Event:

AM/PM

Ending Time of Event:

AM/PM

Room(s) Requested:

Will you require set-up time: Yes No

Will beverages be served: Yes No

Will alcohol be served: Yes No

Will you be using the kitchen: Yes No

Who is responsible for clean-up?

Will food be served: Yes No

Will linens be used?

Who in your group will be responsible for clean up:

Maximum Attendance Expected:

## Equipment & Supplies Requested

Please provide as many details as possible to help us make sure the room is set to best fit your needs.

# of round tables \_\_\_\_\_

# of rectangle tables \_\_\_\_\_

# of chairs \_\_\_\_\_

Audio-Visual Requests:

Please use the space below or the back of this page to provide a diagram of how you would like the room arranged.