CROSSWINDS CHURCH
GROW WITH JESUS & GO TO OUR WORLDS

ROOM RESERVATION/EVENT REQUEST FORM

EVENT INFO	Event Name:	Event Date:
	Event Start Time: Event End Time:	Additional prep time needed: Additional clean up time needed:
	Occurrence: ☐ Once ☐ Weekly ☐ Monthly ☐ Other *(dates as listed)* _____ _____ _____	

REQUESTOR	Group Name: Contact Name: Contact Phone: Name of person to open/close the building:

ROOMS	Rooms Requested: ☐ Sanctuary* ☐ Room 1 ☐ Quad* ☐ Room 2 ☐ Kitchen ☐ Room 3 ☐ Conference Room ☐ Room 5 *(Sr. High)* ☐ Spirit River Room ☐ Room 6 *(Jr. High)* ☐ Nursery ☐ Room 7 *(College)* *Requires completion of *Tech Team Request Form*! *(on reverse side)*

SET UP	Set-up Needs: *(for availability purposes only. You will be required to set up rooms as needed)* ☐ Tables - Rectangular #_____ ☐ Tables - Round # _____ ☐ Chairs #_____

I have read and agree with the terms in the Facility Use Policy and Kitchen Rules & Contract (if applicable). I agree to be responsible for all clean up. This includes: setting up room(s) to original condition, returning tables/chairs to storage, emptying garbage cans, cleaning floors, etc. . .

Signature_____ Date_____

TECHNICAL TEAM REQUEST FORM

Please complete the form below and return it to the church office 2 weeks prior to event date. The office will forward your request to the tech team director for review.

Type Needed	Description of Need
Computer Needs	
Lighting Needs	
Projection Needs	
Sound Needs	
Video Needs	