

Office Use Only  
Date Added \_\_\_\_\_  
Initials \_\_\_\_\_

# RESERVATIONS SHEET

(Calendar Events and Van / Bus Usage)

Office Use Only  
Date \_\_\_\_\_  
Approved By \_\_\_\_\_

Today's Date \_\_\_\_\_

Event Name \_\_\_\_\_ Location \_\_\_\_\_

DAY & DATE of event \_\_\_\_\_ Set-up Time \_\_\_\_\_

Cost per person \_\_\_\_\_

Start & End Time of event \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

**It is the responsibility of the Contact person to secure the building after the event (doors locked and lights off) and to clean the areas they've used (take table/chairs down, dust mop areas used, (initial)**

Reservations \_\_\_ Yes \_\_\_ No Sign-up Deadline \_\_\_\_\_

Childcare \_\_\_ Yes \_\_\_ No \_\_\_\_\_ No. of Preschoolers \_\_\_\_\_ No. of Children

**Each group is responsible for securing their own childcare workers. There must be at least 2 workers in each room and the workers must be at least 18 years old and pass a recent background check which will be held on file in the church office.**

**NOTE\*\*\*Also, each group is responsible for cleaning and returning the room(s) back to their original position.**

Do you require security? \_\_\_ Yes \_\_\_ No Do you require a Hex Key? \_\_\_ Yes \_\_\_ No

Audio/ Visual \_\_\_ Yes \_\_\_ No

Kitchen \_\_\_ Yes \_\_\_ No Supplies Needed (for use with ministry events only) \_\_\_ Yes \_\_\_ No

Van Needed \_\_\_ Yes \_\_\_ No Overnight \_\_\_ Yes \_\_\_ No

Qualified Driver's Name \_\_\_\_\_

Bus Needed \_\_\_ Yes \_\_\_ No Overnight \_\_\_ Yes \_\_\_ No

Qualified Driver's Name \_\_\_\_\_

**All drivers must be on the church's insurance drivers list. Out of town or extended trips require a "back up" driver.**

**\*REQUIRED\***

Short Description for Web Calendar (ministry events only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE\*\*\*Please don't make commitments until your event has been approved.

**\* EVENT SET-UP INFO NEEDED ON OTHER SIDE OF SHEET**

# EVENT SET-UP INFO

**Be specific!**

**Area** \_\_\_\_\_

**Chairs**     Yes     No                      Number Needed \_\_\_\_\_

Arrangement (draw diagram below):

KITCHEN

OVERFLOW ROOM

**Tables**     Yes     No                      Round Needed \_\_\_\_\_                      Rectangle Needed \_\_\_\_\_

Arrangement (draw diagram below):

**\*\*\*** **REMINDER: It is the responsibility of the Contact Person / Using Group to clean the areas they've used.**  
*(take table / chairs down and dust mop areas used).*

**Notes:**

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