

FACILITY SCHEDULER FORM

OFFICE USE:
Initials _____
Date Rec'd _____
Date Recorded _____
Conflicts _____
Initials _____

DATE SUBMITTED: ____/____/____
ORGANIZATION: _____

CONTACT/CLIENT:
NAME _____
ADDRESS _____
PHONE _____ **E-MAIL** _____

REQUESTED DATE:
FROM ____/____/____ **TO** ____/____/____ **Day of the Week** _____

SPACE NEEDED:
of ROOM (S) _____ **NUMBER PEOPLE** _____
HALL (Whole _____ Half _____ 3/4 _____ **FOYER** _____
KITCHEN _____ **NURSERY** _____ **CHAPEL** _____ **CHURCH** _____
BOCCIE COURTS (# 1-6) #7s _____ **Bocce Ball Set 1 2 3**
(ALSO YOU MUST COME TO THE OFFICE PRIOR TO USE)

ACTUAL TIME:
FROM _____ **TO** _____ (you will be booked 1/2 hour before start time)
ONE TIME ONLY (____) **WEEKLY** (____) **MONTHLY** (____)
LIST of Dates (if necessary use back of form) _____

WHAT EXCEPTIONS, IF ANY, (HOLIDAYS, SCHOOL BREAKS, ETC.) PLEASE LIST:

WHAT KIND OF SET UP: Theater style OTHER STANDARD (set up is 3-ft tables in square with chairs around.)
 See Attached Diagram Other (Please Draw Diagram on Back)

WHAT RESOURCES: Chairs # _____ TV/VCR
 Tables RDS # _____, 6ft rectangles # _____, 8ft rectangles # _____
 Sound (Microphone) Podium Other (Please list on back)