

# BETHEL MEMORIAL A.M.E. CHURCH FACILITIES USAGE REQUEST FORM

- Submit this form to Sherry Thompson (church office) at least 7 days prior to the meeting/event date.
- Notify Sherry Thompson of any **date changes** or **cancellations** 48 hours before the meeting/event is to take place.

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

MINISTRY/ORGANIZATION REQUESTING ROOM: \_\_\_\_\_

DATE OF MEETING/EVENT: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_ PEOPLE: \_\_\_\_\_

USE OF KITCHEN: Yes \_\_\_\_\_ No \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_

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## ROOM SET-UP:

Chairs: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

Tables: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

## STYLE OF SET:

Theatre: \_\_\_\_\_

U-Shape: \_\_\_\_\_

## OTHER EQUIPMENT:

Podium: \_\_\_\_\_

Microphone: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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CONTACT NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ROOM ASSIGNED: \_\_\_\_\_