

First Presbyterian Church of Athens
Facilities Use Request Form

Date requested: _____

Request taken by: _____

Details of Use		
Date(s) _____	Time(s) _____	Room(s) _____
Use of facility is for _____ _____		

Contact Name _____ **Organization** _____

Address _____

Phone number _____ **Church Member** ___ Yes ___ No

E-mail _____

Special services required (**please attach a layout of setup for any furniture and/or equipment setup**).

- | | | |
|--|---|---|
| <input type="checkbox"/> Tables: Round (# _____) | <input type="checkbox"/> Podium | <input type="checkbox"/> TV/VCR or DVD |
| <input type="checkbox"/> Tables: Rectangle (# _____) | <input type="checkbox"/> Piano | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chairs: (# _____) | <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> PA system with mic |
| <input type="checkbox"/> Microphone (# _____) | <input type="checkbox"/> Projector (LED) | |
| <input type="checkbox"/> Custodial Services (Fee Assessed) | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Set-Up | <input type="checkbox"/> Clean-Up | |
| <input type="checkbox"/> Food will be served at this event | <input type="checkbox"/> light refreshments | <input type="checkbox"/> meal |
| (Please check if needed) <input type="checkbox"/> Dishes | <input type="checkbox"/> Silverware | <input type="checkbox"/> Tablecloths |
| | <input type="checkbox"/> Other _____ | |

Notes _____

Date presented to Staff _____

Date approved/disapproved _____

Requestor notified of staff action _____

Door key issued on _____ by _____

Door key returned on _____ to _____

Review with staff _____

May use again ___ Yes ___ No

Roger Burbage, Church Administrator