# UPDATED_FAITH CHAPEL FINAL LOGO-04

**Room Request Form**

**All requests are to be submitted 2 weeks prior to the event.**

Date of request:

Ministry Name:       Ministry Manager:

Contact Person:

Home Phone:       Work Phone:

Email Address:

 Date of meeting/event:

Start Time:       End Time:       Recurring schedule:

(Note: Be sure to allow time for set up and break down) (ex: Every 1st Monday)

Revision to a prior request [ ]  Yes [ ]  No Will security need to be notified for this event? [ ]  Yes [ ]  No

***Note: Only church related activities will be honored****.*

Purpose of the meeting:

Number of Participants:

Room(s) Requested:

Suggested Alternate:

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**FOR OFFICE USE ONLY**

Date received:

Confirmation signature:

Room(s) Requested:       Date(s) reserved:

Comments:

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**Please email or present this completed form to your divisions point of contact or via email to** rooms@faithchapel.net ***Incomplete forms may delay your request.***

# FCRoomRequestrev02/17