

# CITYCHURCH

## EVENT AND ROOM BOOKING REQUEST FORM

### Details:

Name: \_\_\_\_\_

Event; ministry, purpose,  
number of attendees etc: \_\_\_\_\_

Event date: \_\_\_\_\_

Event time: \_\_\_\_\_

Set up/time in: \_\_\_\_\_

Pack down/time out: \_\_\_\_\_

Are you a keyholder?  Yes  No

If 'No', do you have a keyholder attending your event?  Yes  No

Please specify the keyholder: \_\_\_\_\_

### Room(s) required:

#### MAIN BUILDING

Sanctuary

Downstairs Hall

Meeting Room 1

#### TRAINING ROOMS

Foyer

Parenting Lounge

Meeting Room 2

Board Room\*\*

Kitchen\*

Hatch

Creche

Training Room\*\*

\*Preparing and cooking food requires a kitchen supervisor who holds a current Food Hygiene Certificate

\*\*Upon approval, we'll contact you regarding keys and entry

### Equipment required:

PA system

Media PC

Video Equipment

Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Thank you. Please return this form to the Operations Manager. You will be contacted in due course to confirm whether your booking has been approved.**

**OFFICIAL USE:**

**Operations Manager Approval:**

Yes     No

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pastoral App req'd**

Yes     No

**Pastoral Approval:**

Yes     No

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_