

MEETING/ROOM REQUEST FORM

REQUESTOR'S INFO

Today's Date: _____

Name of Ministry/Division: _____

Event/Class Meeting Name: _____

Contact Person's Name: _____

Phone Number: _____ E-Mail Address: _____

Date(s) Requested: _____ Start/End Meeting Time(s): _____ #of Attendees: _____

Recurring Event: Yes No If yes, cycle of recurrence _____

Space Requested: Classroom (s) How many? _____

Fellowship Hall Sanctuary Foyer Table

Resources for meeting space: Tables Chairs Tables and Chairs Podium

Flip Chart Markers

A/V Equipment: TV DVD Player CD Player Projector Projector Screen

Purpose of Meeting/Event: _____

Submit form ten (10) business days prior to requested meeting date. Requests are not guaranteed so please prepare for other options. * If request is part of an event, all forms must be submitted in "Event Planning Packet" three (3) months in advance.

In the event of cancellation, please notify the church office five (5) business days prior to meeting date via e-mail at admin@newcov.org or telephone at (770) 484-9300..

Submit completed form to admin@newcov.org

OFFICE USE ONLY

Requested Date Available Yes No

Request Time Available Yes No

Room(s) Assigned _____ Approved By _____ Date _____

Request Denied By _____ Reason(s) _____

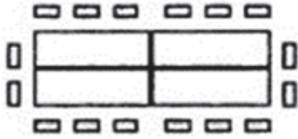
Requester Notified of Decision Yes No If Yes, Dated: _____

Notified: _____

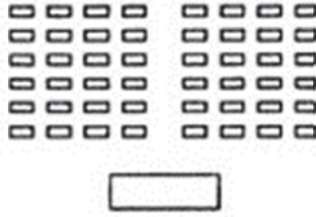
Seating Styles

(Check One)

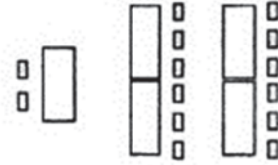
Conference



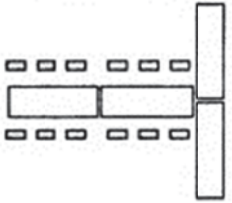
Theater / Lecture



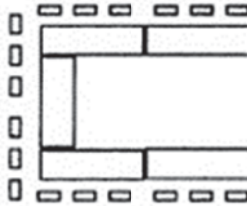
Classroom Style



T-Shaped



U-Shape



Reception / Buffet



Circle



Other (please describe):

***Please note - Rooms are set up in standard format (see standard format posted on room wall). Ministry is responsible for returning room to standard format and aiding the facilities team with clean up and returning room to standard format following major events.**