

Facilities Personnel Use Only

Calvary Baptist Church Work Order/Facilities Set Up

Date of Event: _____ / _____ / _____
Start Time: _____ : _____ am/pm
Contact Person: _____
Phone Number: _____



This form is to be filled out by the responsible party for the event.
Please fill out items # 1 through # 7 and **PRINT** legibly.

1. **Name of Requestor:** _____ **Ministry:** _____
2. **Contact Numbers:** (_____) - _____ **Alternate #:** (_____) - _____
3. **Date of Event:** _____ / _____ / _____ **and Day(s):** Mon Tue Wed Thu Fri Sat Sun
4. **Start Time:** _____ : _____ **am/pm** **and End Time:** _____ : _____ **am/pm**
5. **Number of expected participants:** _____
6. **Please indicate which room(s) will be used:**

3rd Floor	<input type="checkbox"/> Pauline <input type="checkbox"/> Matthew <input type="checkbox"/> Mark <input type="checkbox"/> Martha <input type="checkbox"/> Ruth <input type="checkbox"/> Upper <input type="checkbox"/> Mary <input type="checkbox"/> David
Sanctuary/Balcony	<input type="checkbox"/> Genesis <input type="checkbox"/> Luke <input type="checkbox"/> John
	<input type="checkbox"/> Chapel <input type="checkbox"/> Sanctuary <input type="checkbox"/> Parsonage

7. **Equipment needed?** _____ No _____ Yes **If Yes, indicate below:**

_____ # of Chairs	_____ # of Tables	_____ Overhead Projector	_____ TV/VCR
_____ Microphone	_____ Podium	_____ Other: Please specify _____	

** A diagram is necessary for the set up of the Mahalia Jackson Fellowship Hall and any**
classroom to be prepared differently than the standard setting.

**Please return form to the Facilities Manager's mailbox no later than one week before your
scheduled event. Thank You!**