		Confirmation No:		
FACILITIES USE REQUEST FORM Dardenne Presbyterian Church		Custodian:		
Event Title:		Requestor Notified:		
Organization:				
Date of One-Time Event:(Day of week/month/date/yea	r) Or	ecurring Event: (If applicable you ma "3rd Wed." of month	y put something like on the line above.) 	
	_	(Please include day of week/m	ionth/date/year)	
Date Submitted: Time Submitted:		Member:	Non-Member:	
Event Description/Purpose:				
Event Start Time: AM or (Circle of Circle of Ci	One)		(Circle One)	
Contact Person:	Home Phone:			
Cell Phone: E-Mail: _				
Mail Address:	(City)	(State)	(Zip Code)	
Estimated # of Adults Attending Event:	Estimated	d # of Youth Attending Even	t:	
Room(s) Requested:				
Gym (Christian Life Center)		Stage (Off Limits to Unauthorized People)		
Kitchen off C.L.C.		Myers Conference Room		
Sanctuary		Watson Hall		
Class Room Location:		Other:		

For more information concerning scheduling and reservations, please contact: Dardenne Presbyterian Church Schedule Administrator 7400 South Outer 364 Dardenne Prairie, MO 63368 Phone: 636-561-4347 Ext. 227 Fax: 636-625-2988 or e-mail: <u>scheduler@dpc4u.org</u> (If this event is not a fund raiser and you are a member or ministry of DPC and you are completing this form more than one month prior to your event and do not know what your table, chair, AV needs are you may enter a date no less than one month prior to your event and the scheduler will contact you for your table, chair, AV needs.) I will know my table, chair, AV needs by ______ (Date)

Please complete the information below:

of Chairs Required: _____ # of 60" Round Table Required: _____ (Six people set comfortably) (Chairs: CLC - 491; Watson Hall - 88) (Tables: CLC - 48; Watson Hall - 8) # Available # of 4' Long Tables Required ______ # of 6' Long Tables Required: _____ # of 8' Long Tables Required: _____ # Available (CLC - 5; Watson Hall - 1) (CLC - 9; Watson Hall - 7) (CLC – 4; Watson Hall – 3) # of Round Table Cloths Required: ______(1) # of 6' Long Table Cloths Required: ______(1) # of 8' Long Table Cloths Required: (1) ⁽¹⁾All groups will be charged \$15.00 each for rental and laundering. **AV Requirements:** (check needs) _____ Portable Sound System (for use in Watson Hall and Rock Church) Podium _____ # of Handheld Wireless mics ______ # of Corded mics ______ # of Lapel mics Power Point ⁽²⁾ Circle format of media you plan to use: CD DVD Circle Video File Format to be used: MOV WMU AVI JPEG⁽²⁾ Overhead Projector Identify screen requirements in CLC: Center Screen Side Screens

⁽²⁾ Contact the AV Mgr <u>no later than three weeks prior to the event</u>! DPC organizations are responsible to have a member trained to operate AV equipment. An AV service fee is required for Non-Member groups.

Kitchen Requirements: No usage fees are required for the following items: ice ____, refrigerator ____, warming table ____, oven/stove ____, coffee urns ____, convection ovens ____, dishwasher _____

(If kitchen is used the Kitchen Coordinator or Certified Kitchen Supervisor must be in attendance.)

Please us the space below to complete a set-up diagram for all tables, chairs and other needs.

Custodian Comments: _____

AV Comments: _____

(Custodian and A)	/ personnel to ac	d additional shee	t if required.)
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