

**FACILITY USE REQUEST FORM**

Please return the completed form to Kim Webb in the church office at least 2 weeks from the date requested.

1. Group/Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Main contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date (s) requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If recurring: Start: \_\_\_\_\_\_\_\_\_\_ End:\_\_\_\_\_\_\_\_\_\_
5. Time (including setup and tear down): Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Member or regular attender who will be present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Facilities needed (check all that apply):

* Auditorium - approx. 600 padded chairs in rows
* Aspen Theater - 100 padded chairs in rows
* Vista Room - 15 rolling tables with 30 padded chairs
* Cafe Area - seats 55 people at tables with 4 to 6 per table
* Atrium
* Cafe - kitchen area - 1 refrigerator, 1 microwave, 1 dishwasher, no food prep area
* Outpost - riser benches - seats approx. 100-120
* Nursery
* EC Classrooms: circle which one/s: C- 103 C-104 C-105

1. Equipment needed:

* TV - access to Apple TV or Firestick plus HDMI cords available on all carts
* Sound System - only authorized individuals can run the equipment - will discuss
* ProPresenter (slides or presentation) - will discuss more details
* Additional tables or chairs not in the room:

# of rectangular tables \_\_\_\_\_\_\_ # of rounds: \_\_\_\_\_\_\_Number of chairs: \_\_\_\_\_\_\_\_\_\_

* Coffee Pots

1. Please explain the activity to be held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Estimated number of people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person/organization requesting the use of Highpoint facilities hereby absolves Highpoint Church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the offices promptly.

The group or individual using the facilities is responsible for setting up, cleaning up, and returning the room to normal. See the facility usage information sheet.

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Signature of Responsible Party Date