



BLACK ROCK
CHURCH

Facility Request Room Set-up Form

Submitted By: _____ Cell Phone: _____

Ministry/Renter: _____ Name of Event: _____

Date of Event: _____ Time: From: _____ AM/PM To: _____ AM/PM

Room(s) Needed: _____

Equipment Needed: (Please check off what you need)

Room Setup Needs:

5' Round Tables (Seats 8-9): How Many?: _____

6' Rectangular Tables (Seats 8): How Many?: _____

8' Rectangular Tables (Seat 10): How Many?: _____
(Woodruff Only)

Chairs: How Many?: _____

Diagram of Room Set-Up

(Please draw diagram showing location and number of chairs and tables as you wish to have the room set-up)

For Office Use Only

Approved and Scheduled

Not Approved

Authorized Signature: _____ Date: _____