



# KPC Facility Use Form

## General Event/Meeting/Occasion

Must be submitted a minimum of **TWO WEEKS PRIOR TO EVENT.**

Please check all departments that will need to be involved:

Gathering    Community    Serving    Deeper    Media    Family    Admin.

### Additional Support Service Request Forms

1. Media Service Request Form (give to Pam Piccolo at least 2 weeks prior)
2. Childcare Room Request Form (give to Tara Powell at least 2 weeks prior)
3. General Kitchen Use Form (give to Curtis Cook at least 2 weeks prior)
4. Baptism/Dedication Form (give to Gary Walter at least 3 weeks prior)
5. Wedding Packet (give to Gary Walter at least 2 months prior)
6. Funeral Packet (give to the assigned pastor)

<b>Event Type/Name:</b>						
<b>No. attending:</b>		<b>Date(s):</b>	/	/	to	/ /
<b>Event set-up time:</b>	a.m. / p.m.	<b>Event set-up date:</b>	/	/		
<b>Event start time:</b>	a.m. / p.m.	<b>Event end time:</b>			a.m. / p.m.	
<b>Recurring day(s)?:</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
<b>Room(s) requested</b>	Room 1:		Room 2:			
	2 <sup>nd</sup> Choice:		2 <sup>nd</sup> Choice:			
<b>Contact Information / Contact Name:</b>						
<i>* Please consider that any contact information that you provide may appear on the web. *</i>						
<b>Home phone:</b>	(   )	<b>Cell phone:</b>	(   )			
<b>E-mail:</b>						

### Facility Use Requirements

1. Please indicate any setup requests on the reverse side of this form including number, size and shape of tables, and any applicable supply requests.
2. If you need **setup changes**, notify the Facility Scheduler and fill out a new form.
3. If you **cancel your meeting**, notify the Facility Scheduler and all other applicable departments.
4. **All events must conclude by 9:30 PM.**
5. Groups must leave all equipment and rooms clean after use. NO equipment is to be removed.
6. If the fire alarm sounds, leave the building immediately.

I have provided all necessary information, read ALL "Facility Use Requirements" and COMPLETELY filled out the applicable support service request form(s) and packets. I understand and agree to abide by these requirements, knowing my failure to comply could result in denial for future use of the facility.

\_\_\_\_\_  
Name of Requester (please print)

\_\_\_\_\_  
Signature

Date

**Serving Equipment and Supplies**

**KPC EVENT ONLY**

**Beverages:**

- Regular Coffee
- Decaf Coffee
- Iced Tea
- Ice Water
- Hot Water

**Paper Products:** (please indicate how many you need of each)

<input type="checkbox"/> <b>Large Plates</b>	#	<input type="checkbox"/> <b>Utensils</b>	#
<input type="checkbox"/> <b>Small Plates</b>	#	<input type="checkbox"/> <b>Napkins</b>	#
<input type="checkbox"/> <b>Bowls</b>	#	<input type="checkbox"/> <b>Cups</b>	#

KPC Facility Staff will be happy to gather paper products for you. Please do not attempt to gather them from KPC supply cabinets without assistance.

**General Equipment Needs:**

- VCR/DVD
- Overhead Projector  
(‘old-fashioned’ manual one)
- Podium
- White Board
- Electric Piano

*For any other electronic/computer-related needs, please be sure to fill out a Media Services Request Form and turn it in to Pam Piccolo in the KPC Ministry Center.*

**NO EQUIPMENT OR ELECTRONICS OF ANY KIND WILL BE REMOVED FROM THE EVENT ROOM(S).**

**Describe the layout for Fellowship Hall**

**Describe the layout for**  DEN  A1&2  Other

**LAYOUT DESIGN KEY:**

- Rectangle Table *(please indicate the type below by writing the number you need of each)*  
 6' table    8' table    narrow edge    wide edge    8' narrow conference table
- Round Table    Chair

**OFFICE USE ONLY**

Approved by: \_\_\_\_\_ (Element /Department Director)  
 Calendar Entry Date: \_\_\_\_\_ by \_\_\_\_\_