

Bridgewood Community Church

Facility Use Request Form

Application Date: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Type of Event: _____

Date of Event: _____

Start time: _____ End time: _____

Person in Charge of Event _____

Group/Ministry Name: _____

Estimated Attendance: _____

Room/Space Requested: _____

Additional Comments or services requested:

MEETING AND EVENT CHECKLIST

Please check the requested equipment for this event:

TV / DVD/ VCR _____ Overhead Projector _____

White Board / Markers _____ Easel / Flip Charts _____

Sound Technician _____ Computer Technician _____

Video Technician _____

Kitchen Supplies

Oven _____ Microwave _____

Refrigerator _____ Freezer _____ Dishwasher _____

Tables – How many of each

4 foot _____ 6 foot _____ 8 Foot _____

Grey Folding Chairs _____ Blue Folding Chairs _____

Maroon Padded Chairs _____

Need extra garbage cans in area? _____

Other:
