



**PRAISE TABERNACLE BIBLE CHURCH
FACILITIES RESERVATION AGREEMENT FORM**

*Submit Coordination form to Facilities at least 2 week prior to event date.
A response will be forwarded to the Contact/Leader within a week of receipt.*

Ministry/Event Title: _____

Date Request Submitted: _____ Requested By: _____

Desired Date(s): From: _____ To: _____

Alternate Date(s): From: _____ To: _____

Event Time: From: _____ To: _____

Reserve / Setup Time: From: _____ To: _____

Room(s) Requested: _____

2nd Choice Room(s): _____

Number Expected: _____

Room Arrangement: _____

Number of Chairs: _____

Number of Tables: Long: Round:

Comment: _____

Will Event Need Kitchen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Nursery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound Technician?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Lighting/Projection?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Parking Lot to Pew (P2P)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Security?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ushers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Deacons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Special Event Coordinator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hospitality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Key Needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Key Issued To:	_____			

Equipment: _____

Comments: _____

Contact/Leader: _____ E-mail: _____

Phone: _____ Best Time to Call: _____

Staff Involved & Contact Info: _____

PTBC Event	See Fee Schedule A	Non-PTBC Event	See Fee Schedule B
PTBC Member		Non-Member	

Room(s) Assigned: _____

Date(s) Approved: _____ Approved By: _____

Operations Review: _____

Facilities Management: _____