

MEMBER: Facilities/Equipment/Vehicle Request

CALVARY REFORMED CHURCH

741 West Second Street
Ripon, CA 95366
Phone: 209.599.4294
Fax: 209.599.2255
www.calvaryripon.org

"Reaching the Disconnected... Growing the Connected... Sending Disciples..."

TODAY'S DATE: ____ / ____ / ____

EVENT: _____

EVENT DATE: ____ / ____ / ____

DAY OF THE WEEK: M T W Th F Sat Sun

EVENT TIME: _____ — _____ am / pm

Recurring Event? Yes / No (circle one)

Recurring End Date: ____ / ____ / ____

SET-UP DATE: ____ / ____ / ____

SET-UP TIME: _____ am / pm

CLEAN-UP TIME: _____ am / pm

OFF CAMPUS: Yes / No (circle one)

FACILITIES REQUESTED:

- Sanctuary – East (115) _____ Main (114) _____
- Gym (308)
- Fireside Room (306)
- Kitchen (305)
- Dining Room (307)
- Café (310)
- Jr. High House (350)
- Nursery (105)
- Little Lambs Room
- Chapel (100)
- Almost Home (AEB 501)
- Almost Home kitchen (AEB 502)
- Almost Home (AEB 503)
- Almost Home (AEB 504)
- Admin Room 1 (001)
- Admin Room 2 (002)
- Admin Room 3 (003)
- Admin Room 4 (004)
- Admin Room 5 — up stairs (005)
- Gray Van Purple Van Trailer Ford Expedition
- Equipment (BBQ, Tables etc..) _____
- Outdoor Lawn behind Gym

REQUESTED BY _____

PHONE # _____

REVIEWED POLICY & SIGNED: Yes / No (circle one)

SPECIAL INSTRUCTIONS FOR ROOM
ARRANGEMENTS:

NUMBER OF PEOPLE EXPECTED: _____

TABLES: _____ CHAIRS: _____

SOUND TECHNICIAN: Yes / No (circle one)

AV EQUIPMENT: Yes / No (circle one)

APPROVED BY:

_____ Dave Schutt

Office Use Only

_____ Don Rowe

_____ Paul Hargreaves

_____ Donna denDulk

_____ Gina Hargreaves

_____ Carol Farrell

_____ Sarah Rowe

_____ Bryan Baldwin

ENTERED BY: _____

_____ Google Calendar

COPY DISTRIBUTED TO: _____ Bryan/Sound

_____ Caren _____ Sherri _____ Jenny

Original needs to be placed in binder after approval

CONTACT MADE AFTER APPROVAL: _____