



Christ Church Fox Chapel Facilities Request Form

Today's Date _____

Group/Organization: _____

Type of Organization: Business Non-Profit Personal

Contact/Responsible Party

Name: _____ Phone # _____

E-mail: _____ CCFC Member: Yes No

Event Details

Type of Event/Description:

Date(s) Requested: _____ to _____ Is this a recurring event? Yes No

Start Time: _____ End Time: _____ How much setup time is needed prior to the event: _____

Anticipated Attendance: _____ Adults _____ Youth (12-17) _____ Children (5-11)

Facility Needs

Areas Requested *(include all spaces that apply)*:

Meeting House

Tyndale Chapel
The Lord's Dojo
Kitchen
Lobby *(if needed specifically for event)*

Main Building

Parish Hall
Kitchen
Lobby *(if needed specifically for event)*
Parlor
Nursery

Materials Needed:

_____ Chairs: # needed _____

_____ Tables:

Available for use: (9) 5' round / (15) 8' rectangular /
(4) 4' square

Round _____ # Rectangle _____ # Square _____

_____ Whiteboard. _____ Easel(s)

_____ Coffee/Tea/Cream/Sugar & paper products
(fee applies)

Technology Needs:

Usage will be reviewed prior to the date of your event.

_____ Microphone(s)
Number of lapels: _____
handhelds: _____
_____ Presentation
_____ Teleconferencing

FOR OFFICE USE

Approved? _____ Yes ___ No

Approved by: _____

Fee: \$ _____

Cleaning Deposit Received: _____

Balance Due Date: _____

For Staff Use:

Notes on requested space (Any areas already in need of repair prior to rental?)

Any additional information helpful to know prior to inspection following event?

Space inspected following event by: _____

Date: _____

Notes: