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: _____

Submit Form

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: