

Church of St. Monica

1700 Buford Highway

Duluth, GA 30097

Phone: 678-584-9947 Fax: 678-584-9760

Facility Available 9:45AM - 4:30PM Monday - Friday

7:00PM - 9:00PM Monday & Thursday

FACILITY REQUEST

[Please complete all blank spaces! Please print neatly!]

DATE SUBMITTED FOR APPROVAL: _____

ORGANIZATION: _____

GENERAL CONTACT PERSON: _____

PHONE #: _____

EMAIL CONTACT: _____

NAME OF MEETING: _____

TYPE OF EVENT: _____

Recurring: Weekly Bi-Monthly Monthly Quarterly Off site event calendar item only

Rooms are assigned based on size and type of function Availability is subject to liturgical events.

DATE (of function)	DAY (of function)	SET UP (building access)	START (Time to be published)	ENDING (Published ending time)	CLEAN UP (departure time from building)	NUMBER OF ROOMS	NUMBER OF PEOPLE EXPECTED
1/17/02	Thursday	6:45PM	7:00PM	8:45PM	9:00PM		

<p>Equipment:</p> <p><input type="checkbox"/> TV & VCR <input type="checkbox"/> Overhead Projector</p> <p><input type="checkbox"/> Microphone <input type="checkbox"/> Tape Reorder</p> <p><input type="checkbox"/> Projector <input type="checkbox"/> Podium</p> <p><input type="checkbox"/> Sound System <input type="checkbox"/> Other</p>	<p>Kitchen:</p> <p>Will kitchen be required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your group kitchen certified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kitchen Contact person _____</p> <p>Phone # _____</p> <p>Person(s) responsible for:</p> <p>Set-up _____</p> <p>Clean-up _____</p> <p>Coffee Pot only <input type="checkbox"/> Ice only <input type="checkbox"/></p>
<p>Setup:</p> <p><input type="checkbox"/> Classroom <input type="checkbox"/> Auditorium <input type="checkbox"/> Town Hall Meeting</p> <p><input type="checkbox"/> Dinner <input type="checkbox"/> Dancing</p> <p>Number of Chairs required _____</p> <p>Number of Tables required _____</p> <p><input type="checkbox"/> Rounds <input type="checkbox"/> Long</p>	
<p>Will this event require the use of an outside vendor, such as caterer, DJ or rides? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Will alcohol be served at this event? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

[Note: All functions requesting Liturgical involvement must be approved by Liturgy Committee and will require additional processing time.]

Return completed form to Facility Mailbox
All requests will be handled as received

All requests subject to liturgical events
Revised 1/21/04

OFFICE USE ONLY

Master Web Copy to: Music KW RE Clergy LC
Rcvd by: _____ Date Rcvd: _____
Approved by: _____ Date Approved: _____
Confirmed by: _____ Date CFMD: _____
Room Assignment: _____ With: _____
Special Lockup: _____

Type of setup they will be using:

Classroom Auditorium Town Hall Meeting Dinner Dancing
Number of tables required _____ Round 8'
Number of chairs requested _____

Outside Vendor W-9 Completed Yes No N/A
Alcohol Policy sent Yes No N/A
Liability Insurance required Yes No N/A
Policy Compliance statement received Yes No N/A

Function Reconfirmed: Yes No
Equipment requested Yes No
Check List Sent Yes No
Deposit Required Yes No
NPRR (50/H) DP FP

Staff Follow up

Event Cancelled By: _____ Date _____

Room Inspected By: _____

Equipment Returned in working order: Yes No
Follow up letter required: Yes No