

Faith Deliverance Worship Center

Meeting Request Form/Equipment Needed

Date Submitted: _____ **Ministry** _____

Type of Function: _____

***Date of Function:** _____ **Ongoing Request : yes** _____ **no** _____

*(If not an ongoing request)

****Frequency:** ___1st ___2nd ___3rd ___4th ___5th ___Every Meeting Day _____

***(If an ongoing request)

Requested By: _____	Day Time Telephone: 	Classroom Assigned: # _____ Approval: _____ (Office use only)
Ministry Leader's Name: _____	Food Serving Required? Yes No	Account # (Office Use Only) _____
* Start Time: * End Time:	Number of Rooms Requested # _____	Total Number Attending: # _____

If applicable, total number of persons attending should be confirmed 2 days prior to event.

*Start or end times that may require Church access beyond normal facility hours – *Administrative discretion*

Space Requesting:

Sanctuary

Classroom(s)

Overflow Rm

Narthex

Equipment Needed:

Sound System

Projector

TV/VCR

Easel

Easel Pads

Laptop

Ministry Leader: _____ **Date:** _____

Department Director: _____ **Date:** _____