CBCM—GAITHERSBURG CAMPUS INTERNAL REQUEST FOR CHURCH FACILITY USE

Please electronically submit this form to <u>reservation@cbcm.org</u> two weeks prior to the event

GENERAL EVENT INFORMATION - Please obtain in advance the commitment of anyone whose name is listed below.

Today's Date:		Date/Day of Event:
Event Coordinator:	Phone:	Start & End Time:
Key Holder:	Phone:	Name of Event:
Audio/Video Operator:	Phone:	Sponsoring Department:

ROOM & EQUIPMENT REQUIREMENTS - Please specify as many details as are available at this time.

Room Capacity	# People	Equipment	Remarks	Room Capacity	# People	Equipment	Remarks
Sanctuary 80-120		AV/ Piano/Chairs		RM 224 30-50 Children		Table/Piano/TV	
Fellowship 80-100		Table/ Chairs/ 2 TVs		RM 225 10-12		Table/Chairs/TV	
RM 101 8-10 Infants		Chairs		RM 226 10-15		Table/Chairs/TV	
RM 102 15-20 Toddlers		Table/Chairs		RM 210 15-18 Conference		Table/Chairs/TV	
				Chapel 100-120		AV/Chairs	

APPROVALS & NOTIFICATIONS

Sponsoring Department Deacon (Event approval)	Physic	cal Facilities Department Deacon (Room reservation & set-up)

With the exception of the pastoral staff, this application MUST be approved by the Deacon of the sponsoring department or no support will be provided by the Physical Facilities Department & the Media Department