

# Event Form

Please provide all information relevant to your event.

## Event Information

Today's Date \_\_\_\_\_ Event Date \_\_\_\_\_  
Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_  
I will need access to this facility from \_\_\_\_\_ to \_\_\_\_\_  
Name of Event/Group \_\_\_\_\_  
Is this a Memorial sponsored event?  Yes  No  
Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## Facility Needs

**Main Campus**  Fellowship Hall  Worship Center  Chapel  Parlor  Other: \_\_\_\_\_  
**ROC**  Fireside Room  GYM  Multipurpose Room  
 621 Building  North Campus\*  Off Campus \_\_\_\_\_ \*Memorial Sponsored Events Only

## Supply Needs (Please indicate the number of items needed in the space provided)

Knives\* \_\_\_\_\_  Forks\* \_\_\_\_\_  Spoons\* \_\_\_\_\_  Napkins\* \_\_\_\_\_  
 Cups\* \_\_\_\_\_  Plates\* \_\_\_\_\_  Bowls\* \_\_\_\_\_  Dessert Plates\* \_\_\_\_\_  
 Place Mats \_\_\_\_\_  Table Clothes \_\_\_\_\_  Tea\* \_\_\_\_\_  Coffee\* \_\_\_\_\_  
 Serving Tables \_\_\_\_\_  Dining Tables \_\_\_\_\_  Chairs \_\_\_\_\_ \*Memorial Sponsored Events Only

## Vehicle Request

Number of Passengers \_\_\_\_\_ Driver \_\_\_\_\_ Driver \_\_\_\_\_  Trailer  
Destination \_\_\_\_\_

## Miscellaneous

Childcare (Memorial sponsored events only)  Sound/Lighting (limited availability)

Please note that this is a request form only and you will be notified upon approval.

### For Office Use Only

Date Received \_\_\_\_\_  Calendar  Staff  Replied