

# Candlelight Facility & Parking Lot Use Form

Fill-out shaded area ~ Check appropriate boxes

Please submit 4 weeks prior to the event. This form is subject to approval by our Senior Pastor or one of the Elder Board members

Today's Date: \_\_\_\_\_ Original Form:  Change Form:  Change Date from: \_\_\_\_\_ Change time from: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work or Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ministry/Organization: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Event set-up Date: \_\_\_\_\_ Set-up start time: \_\_\_\_\_ Set-up end time: \_\_\_\_\_ Week Day: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Week Day: \_\_\_\_\_

One-time:  \*Monthly:  \*Weekly:  \*Start Date: \_\_\_\_\_ \*End Date: \_\_\_\_\_

Expected # of Adults: \_\_\_\_\_ Expected # of Youth: 6<sup>th</sup> grade to 12<sup>th</sup> grade (under 18 years of age) \_\_\_\_\_

Expected # of Children: 0-2 yrs \_\_\_\_\_ 2-3 yrs \_\_\_\_\_ 4-5yrs \_\_\_\_\_

Child care needed: Yes  No  \$10 per hour - per teacher (child/teacher ratio)

## Room(s)/Parking Lot request:

Sanctuary:  Main Lobby:  Kitchen:  Gym:  Children's Lobby:  Chapel:  Nursery:

Class Rm(s) 101:  102:  103:  104:  105:  106:  107:  201:  202:

Occupancy: Room(s) available: Monday – Friday: 9am to 5pm. **After 5pm for 10 or more people.**

Saturday & Sunday: 9am to 5pm for **10 or more people all day. Sat exception after 5pm: Bigger events- e.g.: weddings.**

Parking Lot Outdoor Event:  Lot Location: North Side:  (right side facing building) South Side:  (left side facing building)

**Tables:** # Round Tables (8 chairs) \_\_\_\_\_ # Rectangular Tables (6ft) \_\_\_\_\_

# Rectangular Tables for Food/Beverage (6ft) \_\_\_\_\_

## Stage information:

Back stage cleared (drums):  Front stage cleared:  Stage completely cleared:

Move Piano:  (\$80 to tune piano if moved)

**Audio/Visual request:** TV/DVD:  Computer/Projector:  Sound System:  Use of Piano:  Internet:  CD/DVD:

Streaming:  Record Event:

NOTES: \_\_\_\_\_

Please take a copy of the CCF Building Rates &/or Parking Lot Policy & Candlelight Facility Use Agreement if applicable:

I have received a copy:  Yes  No  N/A: Candlelight Event

\_\_\_\_\_  
**Print name of responsible person for event**                      **Signature of responsible person**                      **Date**

↓ (Office Use Only) ↓

**Building:** \_\_\_\_\_ **Total Janitorial Fees:** \_\_\_\_\_

**Security:**  
# Of Security needed: \_\_\_\_\_ **Total Security Fees:** \_\_\_\_\_

Approved: \_\_\_\_\_ **Date:** \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Audio/Visual:**  
Approved by: \_\_\_\_\_ **Date:** \_\_\_\_\_ **# Of Tec's needed:** \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Notes:** \_\_\_\_\_

Approval Signature

Date