

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: _____
Contact Person: _____
Cell Phone: _____ Work or Home Phone: _____ Email: _____
Ministry/Organization: _____ Type of Event: _____
Event Date(s): _____ Week Day: _____

This Event is: One-time: Monthly: Weekly: Start Date: _____ End Date: _____

Event **START SET-UP TIME (Arrival before it starts):** _____ Event **END SET-UP TIME:** _____

Event **START TIME:** _____ Event **END TIME:** _____

Event **START CLEAN-UP TIME:** _____ Event **END CLEAN-UP TIME (Leaving building):** _____

Expected # of Adults: _____ Expected # of Children/Youth: 0-5 yrs _____ 6-12 yrs _____ 13-17 yrs _____

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 on or off stage)

Audio/Visual request: TV/DVD: Computer/Projector: Sound System: Use of Piano or Keyboard:

Hand Microphone Internet: Stream Event: Record Event & Receive one DVD:

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: _____ **Total Security Fees:** _____

Of Security needed: _____

Approved by: _____ Date: _____

Notes: _____

Audio/Visual: _____

Approved by: _____ Date: _____ # Of Tec's needed _____

Notes: _____

Approval Signature

Date