

Fee _____ Event Name _____ Event Date _____

Fireside Hall (Fireside 1 and/or 2) FACILITIES REQUEST FORM

This form is for Fireside Hall ONLY

Calvary Church belongs to God. Therefore, we ask you to be good stewards, and exercise appropriate concern and care for the facility in a manner that will honor and glorify our Father in heaven.

Today's Date _____

Who is in charge?

Person completing form _____ Daytime phone _____

Additional contact _____ Daytime phone _____

CCS or Church member responsible _____

(It is required that the responsible CCS or CC member be present during each event)

Event Information:

Future Event Dates (if any) _____

_____ How many will attend? _____ Will there be food service? _____

Event start time _____ Ending time _____

(include enough time for set up, decorating, socializing, clean up and tear down)

Time of set up _____ Decorating start time _____

Special Requests:

Microphone # _____ Wireless Microphone _____ Overhead Projector _____ Slide Projector _____ TV / VCR _____

How Many Chairs? _____ How many chairs per table? _____ How many tables? _____ What size tables? _____

▣ **Table availability**, 36 - 30" X 96", 58 - 60" round, 5 - 30" X 72", 3 - 30" X 60", 4-18" X 60".

Chair availability, 609 - padded stack chairs (for on site use only), and 76 - folding chairs (for on or off site).

Rules

All children must be supervised by an adult.
Use only the rooms/areas approved for your event.
The facility closes at 10PM.
Parking lot lights go out at 10:30PM.
Clean up & remove decorations after your event.
Table cloth requests must be made at the church office.
Clean and return table cloths to the church office after use.
There is **NO alcohol** allowed at this facility.
Please note that this is a **non-smoking** facility.
No skate boarding or roller skating.

Information

Questions should be addressed to Peter Brown, Facility Manager at 310 454-6537, ext. 118.
Fees must be paid to the facility Manager prior to the event.
Make checks payable to *Calvary Church*.
The person completing this form is responsible for enforcing the rules.
Fire egress pathways must be maintained to all exits.
Candles require a Fire Dept. Permit. Call Inspector Dallas at 818 756-8561 for details.
Outside uses, please submit a copy of your **Liability Insurance** with this request.

CC Approval / Disapproval

Facility Manager _____ Head of School _____

Deacon Board _____ Elder Board _____

Please fill in all requested information and return copies 1 & 2 to the School or Church office, Attn. Peter Brown.

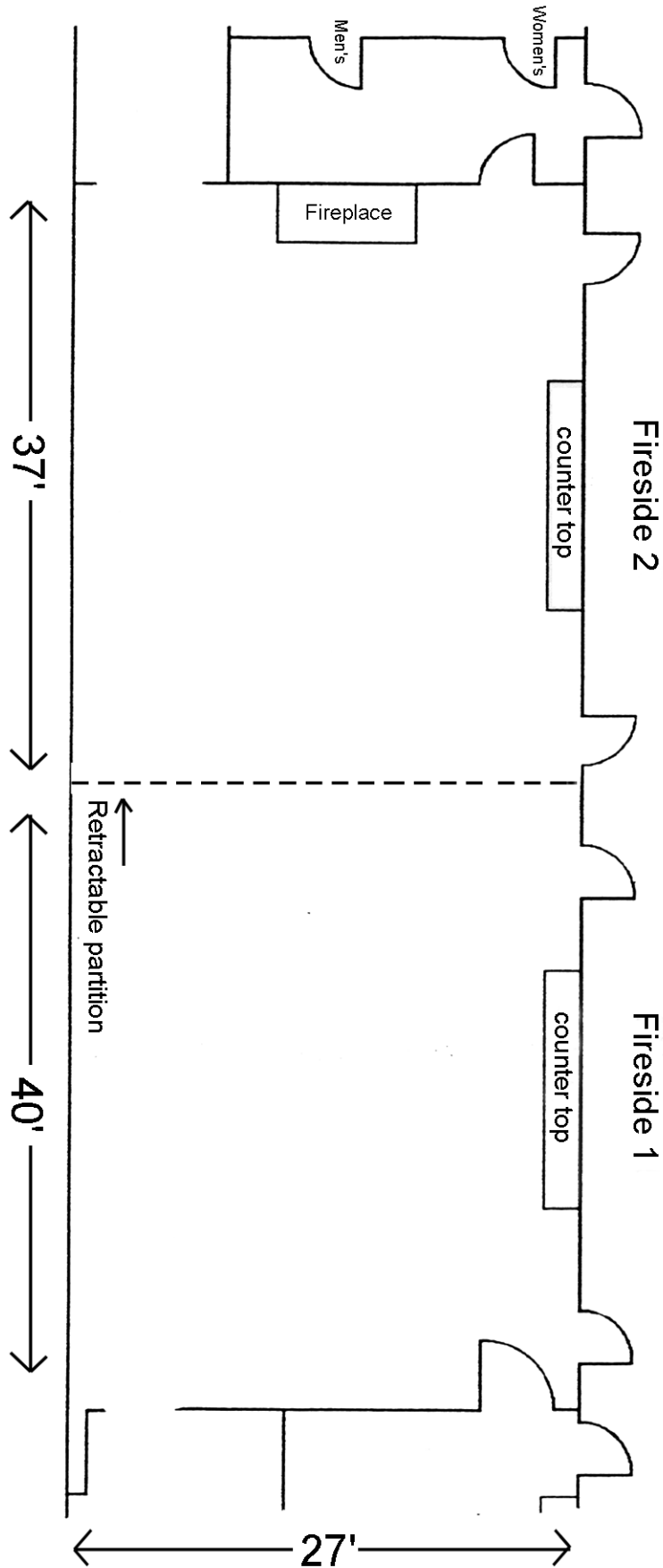
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Rev 5/16/01

EVENT NAME: _____ EVENT DATE: _____

Fireside Hall (Fireside 1 and/or 2)



Maximum occupancy: 149 Total

74 Each side

Maximum Tables

16 Rectangle
(8 each side)

18 Round