



## Room Set-up & Kitchen Use Form

Please return this form to Kim Cox, Administrative Assistant to Business & Communications.

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Day-time Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Event: \_\_\_\_\_

# Chairs: \_\_\_\_\_ # Tables: \_\_\_\_\_ Round: \_\_\_\_\_ Rectangular: \_\_\_\_\_

If special room layout is requested, please diagram on back.

**(If furniture is moved for your event, your group is responsible for putting the room back the way it was including Celebration Hall. Your ministry is responsible for cleaning up the area after use.)**

## Kitchen Use Request

Please check which equipment you will be using:

\_\_\_\_\_ stove \*

\_\_\_\_\_ Oven \*

\_\_\_\_\_ Dishwasher \*

\_\_\_\_\_ dishes/silverware \_\_\_\_\_ how many

\_\_\_\_\_ glasses \_\_\_\_\_ how many

\_\_\_\_\_ coffee makers

\_\_\_\_\_ Mr. Coffee

\_\_\_\_\_ Bunn-a-matic (makes ½ gallon-1 ½ gallons)\*

\_\_\_\_\_ washer/dryer

I will need space:

\_\_\_\_\_ Refrigerator

\_\_\_\_\_ Freezer

\*special training is required.

### Office Use Only:

Building & Grounds Approval: \_\_\_\_\_ Kitchen Committee Approval: \_\_\_\_\_ Room Assigned: \_\_\_\_\_