



# 31<sup>st</sup> STREET SEVENTH-DAY ADVENTIST CHURCH

*Reservation Form*  
Revised – 1/9/2019

Date \_\_\_\_\_ Telephone #1 \_\_\_\_\_

Reserved by \_\_\_\_\_ Telephone #2 \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Description of Event \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Supervising Department \_\_\_\_\_

What Department Receives Offering \_\_\_\_\_

Date and Time of Event \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

31<sup>st</sup> Street SDA Church Member  Yes  No

Please attach a budget with this form.

I have checked with the these Departments if this event takes place during Sabbath School or Church Service

Sabbath School Department  Music Department

Please check the facilities you desire to use:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Board Room            | <input type="checkbox"/> Cradle Roll Room  | <input type="checkbox"/> Community Service Room |
| <input type="checkbox"/> Gym                   | <input type="checkbox"/> Kindergarten Room | <input type="checkbox"/> Kitchen                |
| <input type="checkbox"/> Library               | <input type="checkbox"/> Primary Room      | <input type="checkbox"/> Sanctuary              |
| <input type="checkbox"/> Other _____           |  |   |
| <input type="checkbox"/> Off Site Where? _____ |  |   |

Please check equipment needed

( Draw diagram on back of how you want the room set up.)

- |   |  |
|---|--|
| <input type="checkbox"/> P.A. System    | <input type="checkbox"/> Piano             |
| <input type="checkbox"/> Organ          | <input type="checkbox"/> Table (s) # _____ |
| <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Other _____       |

I, the undersigned, accept full responsibility for the conduct of my party while engaged in the activity. All conduct will be consistent with Christian principles. I am prepared to make good property damages incurred by my party.

**Note:** General building cleanup will be the responsibility of the person or department sponsoring the program. Clean up should be completed by lock up time or by arrangement with the Head Deacon. If cleaning is not done as required, your department will be assessed \$100. Private individuals will forfeit their deposit.

See Facility Utilization Fee Schedule (Attachment "A") for total cost of renting the facility for members and non-members

Name \_\_\_\_\_ Signature \_\_\_\_\_  
*(Please Print)*

Request Approved by Pastor \_\_\_\_\_ Date \_\_\_\_\_

Request Approved by Head Deacon \_\_\_\_\_ Date \_\_\_\_\_

**To Head Deacon:**

Please open rooms \_\_\_\_\_ at \_\_\_\_\_ am/pm

We will be ready for building lock up at \_\_\_\_\_ am/pm