

Calvary Chapel Antelope Valley
Event Facility Request Form

Date requested: _____ Time requested: _____ am/pm thru _____ am/pm

What event do you desire to hold at the church? _____

Rooms needed: _____

Special requests: (ex; type of: tables, chairs, food/beverage, audio/visual, childcare, etc) _____

Contacted and coordinated with: (ex; Sound Ministry, worship ministry, children's ministry etc.) _____

Estimated number of people that will attend: _____

Contact name for event: _____

Phone numbers: Day _____ Evening _____

You will be notified within 7 days whether your request has been approved.

Office Use Only

Approved by: _____ Date _____

Custodian notified: _____ Date _____

Start set up time: _____ am/pm Completed tear down time: _____ am/pm

Contact notified on: _____ Time: _____ Initials: _____

Notes: _____