

# First Parish Federated Church

207 384 4091

## SPACE REQUEST FORM

RESERVATION DATE: _____	APPROVAL EXPIRATION DATE: _____
APPLICATION DATE: _____	

<b>DATE PATTERN</b> <u>Day</u> <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT  <u>Week</u> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> Every Other <input type="checkbox"/> One Time Only <input type="checkbox"/> Ongoing	<b>ACTIVITY/GROUP NAME</b>  <b>Hour Activity Begins:</b>  <b>Expected Attendance:</b>  <b>Event Contact Person:</b>	<b>Contact Name/Address:</b>  <b>Hour Activity Ends:</b>  <b>Need Set-up by:</b>  <b>Phone:</b>
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<b>SPACE REQUESTED:</b>	<b>EQUIPMENT:</b>	<b>DISPOSABLE PRODUCTS:</b> (Church functions only)
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<input type="checkbox"/> Sanctuary <input type="checkbox"/> Great Room <input type="checkbox"/> Classroom <input type="checkbox"/> Vestry <input type="checkbox"/> Shorey Room <input type="checkbox"/> Library <input type="checkbox"/> Kitchen - Hours Needed _____ <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove/Oven	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>Quantity</u></td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Tables (round)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Tables (long)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Podium</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Easel</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> White Board</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Screen</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> TV/VCR/DVD</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> </tr> </table>		<u>Quantity</u>	<input type="checkbox"/> Chairs	_____	<input type="checkbox"/> Tables (round)	_____	<input type="checkbox"/> Tables (long)	_____	<input type="checkbox"/> Podium	_____	<input type="checkbox"/> Easel	_____	<input type="checkbox"/> White Board	_____	<input type="checkbox"/> Screen	_____	<input type="checkbox"/> TV/VCR/DVD	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/>		<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>Quantity</u></td> </tr> <tr> <td><input type="checkbox"/> Dessert Plates</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Bowls</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Dinner Plates</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Cups</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> 8oz. Cups</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Napkins</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Knives</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Spoons</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Forks</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Tablecloths</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Coffee/Tea Service _____ (incl. cups, sugar &amp; creamer)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>		<u>Quantity</u>	<input type="checkbox"/> Dessert Plates	_____	<input type="checkbox"/> Bowls	_____	<input type="checkbox"/> Dinner Plates	_____	<input type="checkbox"/> Cups	_____	<input type="checkbox"/> 8oz. Cups	_____	<input type="checkbox"/> Napkins	_____	<input type="checkbox"/> Knives	_____	<input type="checkbox"/> Spoons	_____	<input type="checkbox"/> Forks	_____	<input type="checkbox"/> Tablecloths	_____	<input type="checkbox"/> Coffee/Tea Service _____ (incl. cups, sugar & creamer)		<input type="checkbox"/> Other _____	
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SPECIAL INSTRUCTIONS or REQUESTS
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SKETCH DIAGRAM OF SET UP REQUESTED ON THE BACK SIDE OF THIS SHEET

*FOR OFFICE USE ONLY*

Initials needed for approval, Pastor: \_\_\_\_\_ Date \_\_\_\_\_ Trustee Rep: \_\_\_\_\_ Council Rep: \_\_\_\_\_

Fee (Payable 2 weeks prior to event) \$ \_\_\_\_\_ Date Fee Rec'd \_\_\_\_\_ Date Ins. Certificate Rec'd \_\_\_\_\_

Submit to church office for approval and space assignment.  
(Please use black ink.)