



BUILDING/ROOM REQUEST INTERNAL FORM

Date Submitted:

Name of Ministry/Group:

#1 Contact Person:

Telephone Number:

E-Mail Address:

#2 Contact Person:

Telephone Number:

E-Mail Address:

Day/Date of Activity:

Start:

End:

Is this a recurring event? Yes _____ No _____

Recurrence Pattern:

WEEKLY ~ RECUR EVERY Select WEEK (S) ON:

____Sun ____ Mon ____Tue ____ Wed ____Thu ____ Fri ____ Sat

MONTHLY ~ RECUR ON:

Day _____ of every _____ month (s)

Type of Event:

Description/Purpose of Activity:

How Many People Expected:

NEEDS: Culinary: Yes _____ No _____ Suggested Menu: _____

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Room Requested:

Room Setup:

Tables: Yes _____ No _____

Chairs: Yes _____ No _____

Audio: Yes _____ No _____

Video: Yes _____ No _____

Explain audio/video needs: _____

Comments:

~ FOR OFFICE USE ONLY ~

- THIS FORM MUST BE RECEIVED BY SECRETARIAL STAFF 10 DAYS IN ADVANCE OF EVENT.
- YOU WILL RECEIVE NOTIFICATION OF APPROVAL/DENIAL WITHIN 3 BUSINESS DAYS.

Area/ Room Assigned: Assigned By: Date:

Approved: Yes No Logged-in Book: Yes No

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