



NEW HIGHLAND

Baptist Church
revealing / Together, Reach, Uplift, Teach, Help

Facilities Reservation Request Form

Meeting Name _____ # of People _____

Purpose of Event _____

Meeting Start Date (mm/dd/yyyy) _____ Start Time _____

Meeting End Date (mm/dd/yyyy) _____ End Time _____

Is this meeting reoccurring _____ If yes, what is the expiration (limited to a year) _____

Organizer Name _____ Alternate Contact Name _____
Person will have rights to make changes

Organizer Phone _____ Alternate Contact Phone _____

Organizer Email _____ Alternate Contact Email _____

Please use this section to let us about your meeting needs,

<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Television	# of Chairs
<input type="checkbox"/> Christian Life Center	<input type="checkbox"/> Adult Classroom, # of	<input type="checkbox"/> VCR	# of Tables
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Child Classroom, # of	<input type="checkbox"/> DVD	Other needs:
<input type="checkbox"/> Picnic Shelter	<input type="checkbox"/> Youth Classroom	<input type="checkbox"/> Sound System	

*The requestor is responsible for set up and ensuring that all facilities used are returned to its original condition

NHBC Office use only

Date request received/called in _____

Received by _____

Date logged in calendar _____

Approved

Room Assigned

Declined

Facilities Use Team Reviewed

*If any of the information on the request changes a new request must be submitted