

CHRISTIAN FELLOWSHIP CENTER WEDDING RESERVATION FORM

1. **REQUESTED DATE:** _____ / **TIME:** Start: _____ End: _____
2. Name of group / organization requesting the facility: _____
3. **Person requesting/using facility: (Person assuming “full responsibility” for securing the facility)**
 Name: _____
 Address: _____
 Phone: () _____ - _____ () _____ - _____
4. Purpose of meeting: _____
5. Area of facility / room requested: _____
6. Needs:

_____ Number in attendance	_____ Sound System
_____ Audio/visual equipment	_____ Kitchen facilities
_____/_____ Number of tables / chairs	_____ Cleanup supplies
_____ Candelabras	_____ Flower / or other delivery
_____ Communion	_____ Set up / Clean up (Fee for staff)
_____ Unity Candle Table / Holder	
7. Special Concerns:
 - _____ Main Entry key needed or any other room keys? **(Key Request Form must be filled out)**
 - _____ Room key needed? Room # _____ / Room # _____ **(Key Request Form must be filled out)**
 - _____ Will the setting up of tables ahead of time clash with another activity? (Check with Office)
 - _____ Do you need literature or directions concerning Christian Fellowship Center?
 - _____ On larger gatherings, who will provide parking lot direction? _____
 - _____ Fee involved? _____
 - _____ If a fee is involved:
 - _____ Method of payments? _____
 - _____ Cancellation deadline and penalty? _____
8. Date this request received: _____ Received by: _____

(Office Use)

Upon accepting a reservation:

- _____ Check church calendar and record the event.
- _____ Make sure all necessary staff have a copy of Reservation Form
- _____ When necessary, see that Church Leadership is informed of Reservations and Cancellations.
- _____ When necessary, see that all requested logistics are provided for.

Special Instructions:

Signature: _____ Date: _____

CFC Representative: _____ Date: _____

Deposit Amount: _____ Check # / Cash _____

Maintenance Staff: _____

Approved by: _____