

**ROSEDALE PARK BAPTIST CHURCH
FAMILY LIFE CENTER**

FORM MUST BE SUBMITTED 2 WEEKS IN ADVANCE

Please Print Legibly

Room Request Form

Today's Date _____

(Complete entire form)

Name of Ministry: _____

Contact Person's Name: _____

Email: _____ Telephone: _____

Description of Event/Activity: _____

Date(s) Requested _____ Start time _____ End time _____

Which day(s) of the week: *(circle day(s))*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Room(s) Requested:

- | | |
|---|---|
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Classroom(s) How many ____ | <input type="checkbox"/> Kitchen (must leave clean & remove food) |
| <input type="checkbox"/> Multipurpose room | <input type="checkbox"/> Fellowship Foyer |

Room Setup Needs: *(indicate set-up for each room being requested)*

Number of tables: _____ Number of chairs: _____

- Theater style Classroom style Other (attach diagram)

Number of anticipated participants: _____

Any special needs for your room(s) _____

If you request a room and you do not include the number of tables and chairs you need
your room will be empty when you arrive.

**RETURN COMPLETED FORM TO DEBBIE KRAMER IN THE OFFICE OR EMAIL
TO HER AT dlkrosemary@yahoo.com**