First Presbyterian Church Marietta Facilities Usage / Set-up Request Form

--- Please Submit 72 hours in Advance ---

Time:	Submitted by:			Phone:	
rime:t	AM PM	Please Print You	r Name Legibly	Email:	
Please Check All That App	oly:			Outside Caterer to be	used***
New Request/Addition	on to Master Calend	dar 🔲 Foo	od Service [Co	ontact Food Service Min	istry Manager]
☐ Deletion/Cancellation	on	☐ Fa	cilities Usage		
Change to Previous	Request	□ ва	nner/Sign [Co	mmunication Tracking	Form Required]
Room/AREA Set-up		☐ AV	/TECH Set-Up	[AV Tech Form Requi	red]
Name of this Event/Se	at un/Poquost				
		Number of People Day of the Week:Expected:			
Time			e week: ime	Expe	cted:
Event will BEGIN:	_	_AM PM E	vent will END:		
Specify Rooms(s)/Area	to Be Used:	Holland H	all 🔲 Classro	oom(s) room #	
] Sanctuary	Great Ha	II 🗖 Track 25 🗖	Youth Room
Table Cloths? Po	Detail/DRAW/Diag	gram Your A	Activity/Room	Request/Set-up	Admin Notes:
(or attach/e-mail additi	ional page(s) if cl	larification/	information is	s needed*):	*** requires valid
Setup to be completed	by: Date:	Time:			Worker's Comp Insurance