



Room Reservation Form

Contact: _____

Phone No. _____

Email: _____

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Room Requested: _____ Kitchen Needed?: _____

Kitchen Appliances to be Used: _____ No. of Attendees: _____

Set-Up: _____ No. of Chairs/Tables: _____

Equipment Needed: _____

Project material onto Screen (Flat Screen in Hospitality Room, You must understand how to connect your laptop to a smart tv and bring peripherals. If needed, arrange a time in advance to ensure you can connect your laptop.) Microphone, Podium, Stage.

Purpose for Use: _____

Day(s) Needed: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Frequency Needed: Every Week Every Other Week Every Third Week Monthly

Event Start Time: _____ Event End Time: _____ Duration: _____

of hours including setup & clean up

First Date Needed: _____ Last Date Needed: _____

Other: _____

Terms and Conditions

I have received a copy of the *Building Use Policies and Guidelines* and I will be responsible for and adhere to them.

If a key is needed, enter the key number. _____

***You are responsible** for returning the key to the church office on the first business day following your event.

***You are responsible** for leaving the rooms you have used, including restrooms, in proper order and clean.

*** You are responsible** for notifying the church office (724-443-3201) (hpcusa@hamptonpresbyterian.net) if the contact person changes.

***Before the Event, You are responsible** to call the church office and arrange a time to be oriented to appropriate building usage such as: where tables and chairs are located, where cleaning supplies are located, where vacuums are stored, how to unlock and lock the doors, set thermostat, and turn on/off lights, etc. Please speak with the Facilities Manager, Steve Ferrari steve@hamptonpresbyterian.net to arrange a time.

Signature

Date

Office Use Only:

Check Amt: _____ Check #: _____ Office Initials: _____

key returned to the church office



WORK ORDER

TODAY's DATE: _____

CONTACT: _____

EVENT/PROJECT: _____

Description: _____

DATE NEEDED: _____

IS THIS RECURRING, IF SO END BY: _____



Check List for:

EVENT NAME

FOR YOUR CONVENIENCE BELOW IS A CHECK LIST TO MAKE NOTES PER ORIENTATION WITH FACILITIES MANAGER:

WHAT	TO DO	COMPLETE
KEY		<input type="checkbox"/>
LIGHTS		<input type="checkbox"/>
A.C./HEAT Thermostat		<input type="checkbox"/>
REST ROOMS		<input type="checkbox"/>
VACUUM		<input type="checkbox"/>
KITCHEN		<input type="checkbox"/>
SET UP		<input type="checkbox"/>
MICROPHONE		<input type="checkbox"/>

PODIUM		<input type="checkbox"/>
CLEAN UP		<input type="checkbox"/>
GARBAGE REMOVAL		<input type="checkbox"/>
		<input type="checkbox"/>

NOTES:

CONTACT: Steve Ferrari, Facilities Manager

steve@hamptonpresbyterian.net

I HAVE GONE OVER THE CHECKLIST
WITH CHURCH STAFF:

INITIALS: _____

