

26555 Franklin Road
Southfield, MI 48033

**CHRISTIAN TABERNACLE CHURCH
FAMILY LIFE CENTER
FACILITY EQUIPMENT REQUEST FORM**

Phone – 248-213-4770
Fax – 248-213-4777

No: _____

Date Submitted _____

This Form must be completed and turned in **(2) weeks in advance** of the Event. Please be sure that you have the following:

- 1) Completed all the necessary information
- 2) Sketch the desired set-up for your request on the **BACK** of this Form (Attach additional sheets if necessary)
- 3) Submit this Form to the Church Office: fax or email vhayes@ctabchurch.org

Activity Date: _____	Day _____	Start Time _____	End Time _____
Setup Date: _____	Day _____	Start Time _____	End Time _____
Event Occurs: _____	One Time	_____ Weekly	_____ Monthly
Contact Person: _____	Phone # _____		
Activity: _____	Sponsor/Department _____		
Person In Charge: _____			

Family Life Center: Yes _____ No _____		
_____ Game Room #1	_____ Game Room #2	_____ Workout Room
_____ Gym	_____ Girls Locker Room	_____ Boys Locker Room

Equipment Requested: _____ Yes _____ No
Audio-Visual: _____ TV _____ Date Needed
_____ Podium _____ Other

Sound: _____ Yes _____ No _____ # of Microphones
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Set-up Request: _____ Yes _____ No
_____ # of Chairs _____ # of Tables
_____ Room set-up (Please sketch set-up on back of this Form)

Submitter's Name _____

Church Administrator _____

Copies: _____ Church Operations _____ Sound _____ Security