

26555 Franklin Road
Southfield, MI 48033

Phone – 248-213-4770
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**CHRISTIAN TABERNACLE CHURCH
MAIN FACILITY
ROOM AND EQUIPMENT REQUEST FORM**

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 _____		
Nursery Care: Yes _____ No _____ (A minimum of 2 Workers is secured when caring for Children)			
Is the date Listed on the Current Calendar: Yes _____ No _____			

Rooms Requested: _____ Yes _____ No			
_____ Room E	_____ Chapel	_____ Rotunda	_____ Choir Room
_____ Room F	_____ Kitchen	_____ Conf. Room	_____ Pastor's Suite
_____ Sanctuary	_____ Cyber Café'	_____ Café'	_____ Pastor's Lounge
_____ Faith Factory Blue Rm	_____ Faith Factory Purple Rm	_____ Faith Factory Orange Rm	
_____ Faith Factory Green Rm	_____ Fellowship Hall N.	_____ Fellowship Hall S.	

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

Sound: _____ Yes _____ No _____ #of Microphones

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 _____ Kitchen
_____ Faith Factory _____ Maintenance _____ Form Submitter