

Facilities Reservation Form

Name of Group/Organization: _____

Description of activity: _____

Date(s) Requested: _____ Will this be an ongoing activity? Yes No

Time: _____ Number of participants expected: _____

Affiliation with McGregor: _____

Contact Person: Name: _____ Telephone: _____

Email: _____

Secondary Contact Name: _____ Telephone: _____

Set-up Request:

Room Arrangement: _____

Audio/Video/LCD Projector/Screen: _____

In requesting use of facilities I agree to conform to facility use guidelines (see 2008-11 Facility Use Policy). I assume responsibility that all participants will use facilities in a responsible manner, including maintaining building security and clean-up.

Signature: _____ Date: _____

Fellowship Halls: Kitchen: _____

Glenn Hall

McGregor Hall [front] [rear] [all]

Sanctuary Other: _____

Use of Chancel Area (requires special set-up)

Education/Classrooms

Rooms: _____

Notes: _____

Approved by P&R: _____ Date _____