Worship Center Facility Request Form

zvent Name:		
Event Date(s):	Day(s) of week:	Start & End Time:
Vorship Center Room(s):		
Sanctuary #1 (Cafe #2 Ministry Hub #3 _	Fireplace Room #4 Kitchen #5
Prayer Room #6	_ Classroom 2 #7 Classroo	m 1 #8 Pod 3 #9 Pod 2 #10
Pod 1 #11 Nurs	sery #12 Conference #13 _	The Platform #14
Are you renting any equir	oment?: If so, w	hat?:
		date:
Event leaders are exped	cted to staff their events. The f ersonnel who might be require	ollowing is a checklist to help you
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Childcare:	Caregivers:	 	Confirmed?:	
		 	Confirmed?:	
		 	Confirmed?:	
		 	Confirmed?:	
Additional no	tes/requests: _	 		

After the event, the facilities must be put back together and be ready for church on Sunday. This includes:

- Chairs put back (see attached diagram)
- Stage put back and set to neutral (see attached diagram)
- Trash cleaned up and taken out
- Floors vacuumed
- All equipment returned to its original location

Please complete and submit this form to the front office at least *four weeks before* the planned date of your event. You will be contacted when your event is approved. If you have any questions in the meantime, please feel free to contact the front office either by e-mail (info@orchardchurch.life) or telephone (951.699.5433). Thank you.

Contact Name	Phone number:
Ministry Lead Approval Signature:	Date:
Pastor Signature:	Date