



NORTH SHORE
Community Baptist Church

Event Request Form

In-house Use

(Please submit at least TWO weeks before event)

OFFICE USE

Set Up

Tear Down

Date of Request _____

Contact Information

Name of Ministry _____ Contact Person _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Event Information

Event Name _____ Number of Participants _____

Start Date _____ End Date _____ Start/End Time _____

One Time Ongoing Weekly Monthly Other _____

Day of the Week Su M Tu W Th F Sa Set-up Time _____

Room(s) Requested

Sanctuary Family Room Friendship Hall Kitchen

Conference Rm (102) Classroom (# _____) Other _____

Nursery (208) Toddler Rm (205)

You must provide your own childcare.

Equipment & Set-up Requested

AUDIO/VISUAL EQUIPMENT NEEDS

Projector Screen TV-DVD White Board

Microphone Other _____

OTHER EQUIPMENT NEEDS

Podium Easel

Number of Tables
____ long _____ round

Number of Chairs
____ metal folding _____ blue padded folding

Describe/Draw how you would like the room set up