

Space Use Request Form

Date: _____

Contact Information

Point of Contact: _____

Phone: _____ Ext: _____ Email: _____

Event Information

Date of Event: _____ Start: _____ End: _____

Name of Organization/Group: _____

Description of Event: _____

Will there be food? Yes No

Will the Kitchen be used? Yes No

Will A.C. or Heat be necessary (weekend and evening events)? Yes No

Set-Up Information

Space(s) Requested: _____

Will any furniture be needed at the site? Yes No

No. of chairs needed: _____ No. of tables needed: _____

Set-up completion needed by (time): _____ on _____

Will a Facilities Staff person be needed to work the event? Yes No

If yes, how many hours: _____ If a church event, which budget will pay for staff time? _____

Will A/V equipment be needed? Yes No

If yes, what will be needed: _____

Will you need to use the elevator? _____

Please see page 2 for setup layout!

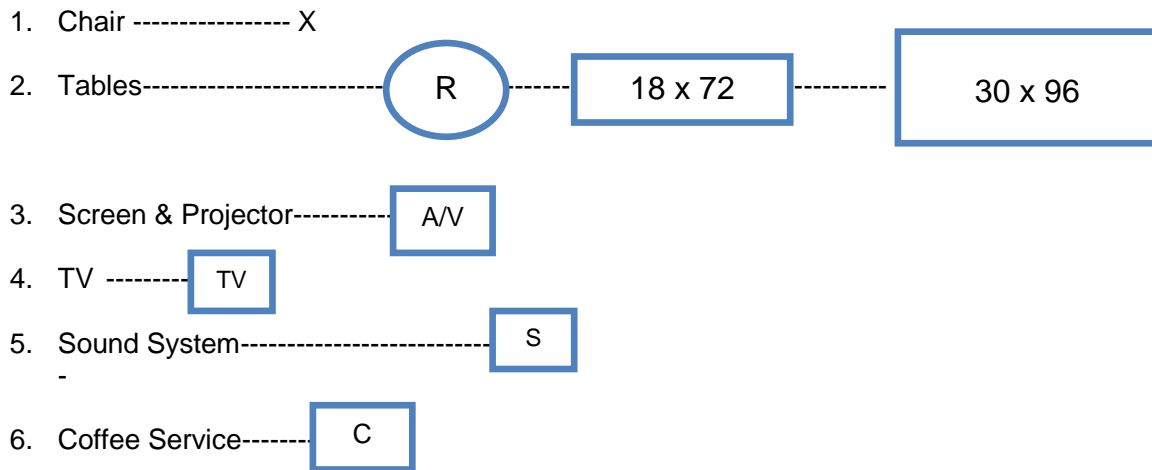
Special Needs/ Requests

Signature

Date

Set Up Layout

Please use the following symbols to represent the placement of setup equipment:



Set up Layout: _____

Set up Layout: _____

Set up Layout: _____

Once this form is completed, please scan and email to facilities@cedarlane.org. You will receive a response within 2 business days. If you have additional questions or require assistance, please call us at 301-493-8300.

Thank you,

The Facilities Staff at Cedar Lane

Facilities Staff Use Only

Approved By: _____ Additional Staff Needed: _____

Assigned Date & Times: _____ From: _____ To: _____

Completed By: _____ Completion Date: _____ Time Spent: _____

Breakdown Time: _____ Completed By: _____ Time Spent: _____

Comments:

Department Serviced: _____