



NEW HIGHLAND

Baptist Church
revealing / Together, Reach, Uplift, Teach, Help

Facilities Reservation Request Form

Meeting Name _____ # of People _____

Purpose of Event _____

Meeting Start Date (mm/dd/yyyy) _____ Start Time _____

Meeting End Date (mm/dd/yyyy) _____ End Time _____

Is this meeting reoccurring _____ If yes, what is the expiration (limited to a year) _____

Organizer Name _____ Alternate Contact Name _____
Person will have rights to make changes

Organizer Phone _____ Alternate Contact Phone _____

Organizer Email _____ Alternate Contact Email _____

Please use this section to let us about your meeting needs

<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Television	# of Chairs
<input type="checkbox"/> Christian Life Center	<input type="checkbox"/> Adult Classroom, # of	<input type="checkbox"/> VCR	# of Chairs
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Child Classroom, # of	<input type="checkbox"/> DVD	Other needs:
<input type="checkbox"/> Picnic Shelter	<input type="checkbox"/> Youth Classroom	<input type="checkbox"/> Sound System	

*The requestor is responsible for set up and ensuring that all facilities used are returned to its original condition

NHBC Office use only			
Date request received/called in _____			
Received by _____			
Date logged in calendar _____			
<input type="checkbox"/> Approved	Room Assigned	<input type="checkbox"/> Declined	Facilities Use Team Reviewed <input type="checkbox"/>

*If any of the information on the request changes a new request must be submitted