

Trinity Presbyterian Church
499 Route 70 East, Cherry Hill, New Jersey 08034-2462
Phone: 856-428-2050 / Fax: 856-795-8471

Use of Facilities Request Form

Person in Charge:

Name: _____

Address: _____

Phone Number: _____

Daytime

Nighttime _____

Fax Number: _____

E-mail: _____

Name and Address of User Organization / Billing Information

Description of Event

Date of Event: _____

Start Time: _____

Number of Guests: _____

Finish Time: _____

Set up Requirements

Room to be set up: (please check all that apply)

___ Fellowship Hall ___ Ante Room ___ Community Room ___ Lower Level Conf. Rm.
___ Witherspoon, Room #() ___ Witherspoon, Center Room

Number of tables _____ Round _____ Number of chairs (8 chairs max.)

_____ Long _____ Number of chairs (8 chairs max.)

Seating Arrangements

___ Classroom Style

___ Auditorium Style

___ Round Table

Number of chairs total _____

Other items required _____

Yes No

___ ___ **Piano** *At least two weeks prior to your event you must determine if you want the piano tuned by playing it. If you want it tuned, then Trinity Church will schedule a tuning with their piano tuning company. There will be a separate \$130 charge due prior to your event for tuning of the piano.

___ ___ **Organ**
___ ___ **Amplification Systems**

Please diagram set up below.

Catering Requirements

Outside catering must be approved by the church. Please give details:

Our facilities are handicap accessible, smoke-free, and alcohol-free. A contract will follow. All guests are expected to conduct themselves in a responsible manner. The person in charge will be responsible for any damage resulting from misuse or improper handling of the facilities.

Signed _____ (Requestor) _____ (Date)

** Please note, when paying for the requested space, the \$75.00 Sexton Fee should be a separate fee and that check should be made out to Larry Hall. Thank you.

FOR OFFICE USE		
Calendar Checked OK	_____	_____
	Date	Initials
Staff Meeting OK	_____	_____
	Date	Initials
Property Manager OK	_____	_____
	Date	Initials
Session Meeting OK	_____	_____
	Date	Initials
Approval Communicated	_____	_____
	Date	Initials
<input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone		
Fee \$ _____	Date Paid _____	Deposit Paid \$ _____ Date _____
Repeat Event <input type="checkbox"/> Yes <input type="checkbox"/> No	First Time Requester <input type="checkbox"/> Yes <input type="checkbox"/> No	