

**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:

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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)

<b>OFFICE USE</b>	
Not for Profit-	\$
For Profit-	\$
Sexton Fee-	\$
Piano Tuning-	\$

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