

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
(Please Fill Out Both Pages)

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 *There will be a separate \$100 deposit due prior to your event for special tuning of the piano. It will be returned if piano tuning is not needed before OR after your event.**
___ ___ **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
_____ Letter _____ Fax _____ E-mail _____ Phone		
Fee \$ _____	Date Paid _____	Deposit Paid \$ _____ Date _____
Repeat Event _____ Yes _____ No	First Time Requester _____ Yes _____ No	